

36717

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 583 Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Monroe  
 (b) City or town Florida, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
Florida, Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 16 yrs.  
 years, months or days

3. (a) PRINT FULL NAME LULU - YOUNG 5'10"

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Sept. 18 - 1890  
(Month) (Day) (Year)8. AGE: Years 49 Months 1 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Hannibal, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business None12. Name George Young18. Birthplace Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Nettie Young15. Birthplace Missouri  
(City, town, or county) (State or foreign country)18. (a) Informant's own signature Ray Young(b) Address Florida, Mo.17. (a) Burial (b) Date thereof 10/20/39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pleasant Grove18. (a) Signature of funeral director Clyde E. Wilbey(b) Address Perry, Mo.19. (a) [Signature] (b) [Signature]  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Monroe  
 (c) City or town Florida, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Monroe County  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct., day 18  
year 1939, hour 7, minute 30 P.M.21. I hereby certify that I attended the deceased from July 1, 1939 to Oct. 18, 1939  
that I last saw her alive on July 10, 1939  
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary Hemorrhage Duration \_\_\_\_\_Due to Chronic T.B.

Due to \_\_\_\_\_

Other conditions [Signature]  
(Includes pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy no

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. \_\_\_\_\_)Address Perry Mo Date signed 10-20-39

RECEIVED

District Health Officer No. 10

District File Number 11-39-1853

Date Filed NOV 5 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clyde E. Wilkey  
Licensed Embalmer No. 3820  
P. O. Address Perry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.