

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22851
 Do not use this space.

RECD JUL 11 1938

1. PLACE OF DEATH
 (a) County Ste Genevieve Registration District No. 934
 (b) Township Union Primary Registration District No. 1026 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Isabel Young 520
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Ellis Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1 - 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>81</u>	<u>4</u>	<u>26</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) November
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Genevieve Co. Mo.

FATHER 13. NAME Alfred Y. Poise
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Mary Ann Wallace
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) George Ellis Young

18. BURIAL, CREMATION, OR REMOVAL Genevieve Co. Salem Cemetery DATE June 30 1938

19. FUNERAL DIRECTOR (ADDRESS) Fremont Lumber Co.

20. FILED July 6 1938 Per Joseph G. Warner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1938

22. I HEREBY CERTIFY, That I attended deceased from June 19 1938 to June 28 1938
 last saw her alive on June 25 1938. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Chronic Int nephritis
Chronic arteriosclerosis
uremia
 Date of onset 131

Other contributory causes of importance: _____

Name of operation Chloroform Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) R. Applegate, M. D.
 (Address) Younger Mo

STATEMENT BY LICENSED EMBALMER

I, Nellie Harter, Licensed Embalmer No. 2969

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Nellie Harter

Licensed Embalmer No. 2969

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.)