

1 PLACE OF DEATH

TEXAS STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATHReg. Dist. **32442**
Registered No. _____

D. O. V. S.

F
O
R
DCounty BexarCity San Antonio(No. P. & J Hospital

St. _____

2691

Ward) _____

2 FULL NAME Ross Middlebrook Youngs(a) RESIDENCE No. 614 W. St., Euclid

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

25834

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

10 DATE OF DEATH

MaleWhiteMarriedOct. 22, 1927

(Month)

(Day)

192

(Year)

6 DATE OF BIRTH

April 10, 1898

(Month)

(Day)

(Year)

7 AGE

29 yrs. 6 mos. 12 ds.

If less than 2 years state if breast fed

If less than 1 day

Yes _____

No _____

hrs _____

mins. _____

8 OCCUPATION

(a) Trade, profession or particular kind of work

Professional Base

(b) General nature of industry, business or establishment in which employed (or employer)

Ball Player

9 BIRTHPLACE

(State or country)

Shiner, Texas

10 NAME OF FATHER

S. J. Youngs

11 BIRTHPLACE OF FATHER

(State or country)

Louisiana

12 MAIDEN NAME OF MOTHER

Henrie Middlebrook

13 BIRTHPLACE OF MOTHER

(State or country)

Texas

14 THE ABOVE IS TRUE

(Informant) Mrs. Henrie M. Youngs,(Address) 614 W. Euclid, City.

15

Filed Oct 27 1927L. M. Gee

Registrar.

16 DATE OF DEATH

Oct. 22, 1927

(Month)

(Day)

192

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

Jan 26, 1927 to Oct 22, 1927that I last saw him alive on Oct 22, 1927

and that death occurred on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: 1:15 p.m.Nephritis(duration) 1 yrs. 2 mos. ds.

Contributory (Secondary)

Myocarditis(duration) _____ yrs. 8 mos. _____ ds.

18 Where was disease contracted?

If not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Physical & clinical(Signed) R. R. [Signature], M. D.0-28-27, 1927 (Address) San Antonio, Tex.

*State the disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Mission Burial Park10-26 1927

20 UNDERTAKER

ADDRESS

Porter Loring - 206Jefferson

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillborn is given as cause of Death, file Birth Certificate. 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.