

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

PLACE OF DEATH

County Livingston
Township Chillicothe
or
Village
or
City (NO. _____) St. _____ Ward _____

Registration District No. 508 File No. 31920
Primary Registration District No. 5674 Registered No. 92

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Joseph Austin

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)
DATE OF BIRTH Dec. 29, 1909
(Month) (Day) (Year)
AGE 1 yrs. 8 mos. 5 ds. If LESS than 1 day, ___ hrs. or ___ min.?

DATE OF DEATH Sept. 4, 1911
(Month) (Day) (Year)

OCCUPATION (a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

I HEREBY CERTIFY, that I attended deceased from Sept. 4, 1911, to Sept. 4, 1911, that I last saw him alive on Sept. 4, 1911, and that death occurred, on the date stated above, at 7:30 m.

THE CAUSE OF DEATH* was as follows:
118 cacher indigestion
86 1/2
118 1/2
(Duration) ___ yrs. ___ mos. 2 ds.

BIRTHPLACE (City or town, State or foreign country) Chillicothe Mo.

Contributory Spasms
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

NAME OF FATHER Wm. W. Austin

BIRTHPLACE OF FATHER (City or town, State or foreign country) Caldwell Mo.

MAIDEN NAME OF MOTHER Magnolia Mrs. K...

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Crawfordsville Mo.

(Signed) John M. Grace M. D.
(Address) Chillicothe Mo.

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. W. Austin

Where was disease contracted If not at place of death?
Former or usual residence _____

(ADDRESS) Chillicothe Mo.

PLACE OF BURIAL OR REMOVAL Edgewood Cemetery DATE OF BURIAL Sept 5, 1911

Filed 9/5 1911 R. Barner REGISTRAR

UNDERTAKER J. Mohr & Son ADDRESS Chillicothe Mo.

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH

County Chillicothe

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Township

Registration District No. 575

File No.

Village

Primary Registration District No. 5674

Registered No. 92

City

(NO. _____)

St.: _____ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Joseph Austin

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) W.

DATE OF BIRTH Dec 29 1909
(Month) (Day) (Year)

AGE 1 yr 8 mos 5 ds. IF LESS than 1 day, ____ hrs or ____ min.

OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Chillicothe, Mo.

NAME OF FATHER Mr. W. Austin

BIRTHPLACE OF FATHER (City or town, State or foreign country) Chillicothe, Mo.

MAIDEN NAME OF MOTHER Martha W. Kelly

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Chillicothe, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Austin

(ADDRESS) Chillicothe, Mo.

Filed 10/31 1911 R. Burney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9-4, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 9-4, 1911, to 9-4, 1911, that I last saw him alive on 9-4, 1911, and that death occurred, on the date stated above, at 7:30 m.

The CAUSE OF DEATH* was as follows:
Acute Gastritis from eating an unripe fig
(Duration) ____ yrs. ____ mos. ____ ds.

Contributory Septicemia
(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) H. W. Joyce M. D.
9-5, 1911 (Address) Chillicothe, Mo.

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL Chillicothe, Mo. DATE OF BURIAL 9-5, 1911

UNDERTAKER J. Mohr + Son ADDRESS Chillicothe

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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31920