MAY 23 1936 MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF	new m	منهمه	Registration Distr	ict No	604	File No. 9	6721	<u> </u>
Township	Calout		Primary Registrati	on District No	5798	Registered N		
City Marchine (No. St. War								
2. FULL NAME Merry austin								
(a) Resid	lence, Noal place of abode)		s	i.,				
	nce in city or town where	death occurred	yrs. mos.	ds. He	ow long in U. S., if of f		ity or town and S: yrs. mos.	ds.
PERSON	AL AND STATIST	MEDICAL CERTIFICATE OF DEATH						
Standa Divorci		5. SINGLE, MARRI		21. DATE OF	DEATH (MONTH, DAY, A	ND YEAR) S. A.	£ 10	. 19 2 5
		DIVORCED (write the word)		22. I HEREBY CERTIFY, That I attended deceased from				
5A. IF MARRIED, WIDO			erber cer نهست (رف	tante	attended decea			
HUSBAND OF (OR) WIFE, O		Tlaste	Bundar	W. The	1100	, 19 ath is said		
5 DATE OF DISC.		I last saw h				ath 18 said		
	TE OF BIRTH (MONTH, DAY, AND YEAR) E YEARS MONTHS DAYS If LESS than				red on the date stated cause of death and r			s follows:
about 3	_ Months		day,hrs.	O1	0 0-10-	0		ate of onse
	0 -	!	ormin.	(d)	tiot VI	<u> </u>		
Z kind of w	lession, or particular ork done, as spinner,			/		************		
2 (bookkeeper, etc	 						
a work was	r business in which s done, as silk mill,		***************************************					
(1)	bank, etcsed last worked at		*************************************					
this occu	ipation (month and	Other contrib	utory causes of import	ance:				
<u> </u>	14.4							
12. BIRTHPLACE (C (STATE OR COU	ITY OR TOWN)	 						
nr l	10.00			·····	********************************			
13. NAME	angu	Name of oper	ation		Date of			
44. BIRTHPLAC	E (CITY OR TOWN)	What test con	ation firmed diagnosis?	Was	there an autopsy?	مد		
(STATEOR	COUNTRY)		 ,	23. If death w	vas due to external ça	uses (violence), fil	l in also the follow	ving:
및 15. MAIDEN NA	ME LU	Accident, suici	ide, or homicide?	Date o	injury X	گ ر 1 9		
6 BIRTHPLACE (CITY OR TOWN)				Where did inju	ury occur?	poils eits or town	, county, and Stat	
∑ (STATE OR	COUNTRY)			Specify wheth	eg injury occurred in i			
17. INFORMANT Diene Tremoste				······································	proce	Bearing 1	e meres	
(ADDRESS) 18. BURIAL, CREMATION, GR REMOVAL				Manner of inj	000	War		/
De	The Carl P	Nature of inju						
PLACE ()	7 10	DATE V	LF.	11	se or injury in any wa	y related to occup	ation of deceased?	
19. UNDERTAKER (ADDRESS)		If so, specify	G & 300	رەت.	***************************************	***********		
1-1	2 -/ 1	. /^	·/?	(Signed)	A	wity co	79	ZM. D.
20. FILED 5	3 1936 2	vm O	Registrar.	(Add	res)Lillo	me a	·•	u

State of Missouri.

County of New Madrid, ss.

Now comes Dr.E.E.Jones of Lilbourn, Mo. who being worn

upon his oath says;

On September 10th, 1925, I was coroner of the County of New Madrid, State of Missouri and on that date I held an inquest over the body of Henry Austin, Colored, who came to his desth by gunshot wounds and filed report of inquest with Circuit Clerk of New Madrid County, and said report is now lost or misplaced in filed so it cannot be located. Inquest was held at Marston. Mo.

E. E. Jones mo

Subscribed and sworn to before me this 9th day of May, 1936

Com.Expires 4-17-38

Notary Public.

Stabe of Missouri, County of New Madrid, ss.

Now comes G.H.Gremore of Lilbourn, Mo. who being sworn

upon his oath says;

That this amount was paid out and receipts were taken but the receipts have been destroyed or lost and the amount was paid back to me by his relatives soon after burial which

was at Portageville, Mo.

B

Subscribed and sworn to before me this 9th day of May, 1936

Com.Expires 4-17-38

WM Reene Notary Public.

LILBOURN LUMBER & HARDWARE INC. LILBOURN - MISSOURI

· 2-12295

Para Com of 1925 white formal apper #500
(1924) & has no aclation to that cather to that white May on 1936 27 had 1936).
May a fine years have early early from years to have early early