FEB 20 1928 103

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

Do not use this space.

267

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township St. Joseph — Primary Registration District No. 1001 — Registered No. 75
City St. Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME Thomas Austin
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie M Dicken

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/11/1855

7. AGE Years 72 Months 90 Days 6 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) England

PARENTS
10. NAME OF FATHER Thomas Austin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Eng
12. MAIDEN NAME OF MOTHER Hannah Pell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Eng

14. INFORMANT State Hosp. x Wilson (Address) St. Joseph

15. FILED JAN 18 1928 John G. Jetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/17/28 19

17. I HEREBY CERTIFY, That I attended deceased from 12/28/27, 19, to 1/17/28, 19, that I last saw h alive on 1/17/28, 19, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Dementia
162
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. 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? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) M Homeman, M. D
1/17, 1928 (Address) State Hosp. x 2

*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, CREMATION, OR REMOVAL Chillicothe, Missouri — DATE OF BURIAL Jan. 18 1928

20. UNDERTAKER Fleeman Funeral Home — ADDRESS 1208 Francis

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.