SEP 26 1928

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

Do not use this space.

27193

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 5554 — Registered No. 292
City Independence (No. ..... St. ..... Ward)

2. FULL NAME John Lawrence Austin
(a) Residence. No. Rt. 6 Box 617 St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margret Austin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 9 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	10	0	

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

9. BIRTHPLACE (CITY OR TOWN) Dallas Co
(STATE OR COUNTRY) Missouri

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

14. INFORMANT (Address) J. P. Austin Indep Mo

15. FILED 8/18 1928 F. L. COOK REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 9 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 8th, 1928, to Aug 9, 1928 that I last saw him alive on Aug 8th, 1928, and that death occurred, on the date stated above, at 1245 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
89 94A 113
(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (SECONDARY) Asthma
(duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Pain in chest - heart region
(Signed) J. N. Hill, M. D
Aug 9, 1928 (Address) 11037½ Winner Rd Independence Mo

*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: Mount Moriah — DATE OF BURIAL: 8-11-1928

20. UNDERTAKER: C. D. Carson & Son — ADDRESS: Indep. 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.

PERMANENT RECORD