

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

Do not use this space.

33469

**1. PLACE OF DEATH**

County Jackson Registration District No. 329  
Township Law Primary Registration District No. 3510  
City Kansas City Park St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 3089  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 3510 Park St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX ms 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9, 1842

7. AGE YEARS 86 MONTHS 8 DAYS 22 If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Salesman  
(b) General nature of industry, business, or establishment in which employed (or employer) Robt. Keith Fur Co.  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John P. Austin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Caroline Bryan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ky.

14. INFORMANT Ms. J. Jane Austin (Address) 3510 Park

15. FILED 10/1, 1928 M. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 1, 1928

17. I HEREBY CERTIFY That I attended deceased from 14th, 1928, to 15th, 1928, and that I last saw him alive on 1st, 1928, and that death occurred, on the date stated above, at 10 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic myocarditis  
1928  
Aut. acute (duration) 15 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Bronchitis (duration) \_\_\_\_\_ yrs. mos. 17 da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) John W. Coffey M. D. (Address) 101 818 2nd and 18th

\*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 Lexington, Mo. DATE OF BURIAL Oct 19 28

20. UNDERTAKER S. H. Newcomer's Sons ADDRESS 167 E. 7th

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.

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