

JAN 22 1929

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

Do not use this space.

1. PLACE OF DEATH

County Carroll  
Township Hamilton  
City Bogard

Registration District No. 133  
Primary Registration District No. 4074

File No. 39741  
Registered No. 22  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Howard Wade 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
6 17

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Bogard Mo.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Otto Austin

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

12. MAIDEN NAME OF MOTHER Winfrey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wilkens  
(STATE OR COUNTRY)

14. INFORMANT Otto Austin  
(Address) Bogard Mo.

15. FILED 12/24 1928 Jennie Henderson  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1928, to Dec 24, 1928, that I last saw him alive on Dec 23, 1928, and that death occurred, on the date stated above, at 6:15 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

9 months complications  
Heart & Brain pneumonia  
IIA  
108

CONTRIBUTORY (SECONDARY) IIA  
(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 physical means  
(Signed) Herbert G. O., M. D.

12/24 1928 (Address) Wilkens 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 Ebenezer DATE OF BURIAL 12/25 1928

20. UNDERTAKER E. O. Peterson ADDRESS Bogard

K. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

