FEB 23 1929

Dr W.

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

Do not use this space.

2539

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1. PLACE OF DEATH
County Mississippi — Registration District No. 567 — File No.
Township ~~St. James~~ — Primary Registration District No. 4334 — Registered No. 5
City East Prairie Mo (No. ..... St. ..... Ward)

2. FULL NAME Walter Allstun
(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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF → Zora Allstun.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 26, 1870

7. AGE: 58 YEARS — MONTHS: 1 m. — DAYS: 11 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.

PARENTS
10. NAME OF FATHER: Tyod H. Austin.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.
12. MAIDEN NAME OF MOTHER: Kate Cook Austin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.

14. INFORMANT: Zora Allstun
(Address): East Prairie Mo.

15. FILED 2-4, 1929 Duff M Hodges, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1928, to Jan 7, 1929, that I last saw him alive on Jan 7, 1929, and that death occurred, on the date stated above, at 3:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral regurgitation
9 A
(duration) several months yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 9 A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Geo W. Whitaker, M. D
2-4, 1929 (Address) East Prairie 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: W.O.W. East Prairie Mo — DATE OF BURIAL: Jan 9 1929

20. UNDERTAKER: Travis Shelby — ADDRESS: East Prairie 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.