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

Do not use this space.

6042

File No. .....

Registered No. 16

1. PLACE OF DEATH
County Dunklin
Township Salem
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 290
Primary Registration District No. 5408

2. FULL NAME Melba 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.

MAR 21 1929

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.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	2	25	

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

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

PARENTS
10. NAME OF FATHER J. L. Austin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Senath
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER May Stonum
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT J. L. Austin
(Address) Senath Mo

15. FILED 3-1, 1929 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1929 to Feb. 10, 1929 that I last saw he alive on Feb. 9, 1929 and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis
HB
HB
TB
..... (duration) ..... yrs. ..... mos. 4 ..... ds.
CONTRIBUTORY (SECONDARY) Influenza
..... (duration) ..... yrs. ..... mos. 14 ..... 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) [illegible], M. D.
, 19 (Address) Senath 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	DATE OF BURIAL
McGrew Cemetery	Feb. 11 1929
20. UNDERTAKER	ADDRESS
McDaniel Furn. Co	Senath Mo