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

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.

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

Do not use this space.

6634

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. B 799

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Princeton Hotel St. Ward)

2. FULL NAME Nannie Elizabeth Austin

(a) Residence. No. Princeton Hotel 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: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Sanford Austin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 16, 1839

7. AGE: Years 89 — Months 11 — Days 1 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At home

(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): Missouri

PARENTS

10. NAME OF FATHER: John Kipper

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

12. MAIDEN NAME OF MOTHER: Jane Nickell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): West Va.

14. INFORMANT (Address): Miss Belle Austin, Princeton Hotel

15. FILED 2-18-29 M M Crowe, Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby 17 1929

17. I HEREBY CERTIFY, That I attended deceased from 1 Jan 1929, to Feby 17, 1929, that I last saw her alive on Feby 16, 1929, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Haemorrhage Brain

82A

162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Old age

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? N/A

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) K P Jones, M. D

2-18, 1929 (Address) 421 E 11

*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: Brunswick, Mo — DATE OF ~~BURIAL~~ 2-18 1929

20. UNDERTAKER: Stine & McClure — ADDRESS: Plaza 3235 Gillham