

MAY 27 1930

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

Do not use this space.

13388

## 1. PLACE OF DEATH

County MonroeRegistration District No. 582Township ParisPrimary Registration District No. 4344City Paris (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 21

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Jessie E. 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. 5 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

Jack Austin

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 27, 1842

## 7. AGE

YEARS 88MONTHS 3DAYS 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

## 10. NAME OF FATHER

John Shearman

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

## 12. MAIDEN NAME OF MOTHER

Martha Fram

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

## 14. INFORMANT

(Address)

Mrs. Clara Vaughan  
Paris, Mo.

## 15. FILED

4/28 30

19

H. C. Payne

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 28, 1930

17.

I HEREBY CERTIFY, That I attended deceased from Apr 19 1930 to Apr 28 1930 that I last saw her alive on Apr 28 1930 and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Robor Pneumonia  
108CONTRIBUTORY (SECONDARY) 1010 (duration) yrs. mos. 10 ds.

(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? Clinical NOWHAT TEST CONFIRMED DIAGNOSIS? Clinical(Signed) M. C. Mc Murry, M. D.4/28, 1930 (Address) Paris, 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

Walnut GroveApr. 29 1930

## 20. UNDERTAKER

## ADDRESS

Speed & BabeyParis, Mo.

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.

