

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

Do not use this space.

15251

1. PLACE OF DEATH
 County Platte Registration District No. 693
 Township _____ Primary Registration District No. 4415-
 City Edgerton (No. _____) St. _____ Ward _____

2. FULL NAME Amanda J. 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.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 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 Milton Austin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. - 16 - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 0 16

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House wife
 (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) Platte Co. Mo.

PARENTS
 10. NAME OF FATHER Teater Masoner
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 12. MAIDEN NAME OF MOTHER Elizabeth Toby
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

14. INFORMANT Mattie Austin
 (Address) Edgerton - Mo

15. FILED 5/10, 1931 J. W. Rollins
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April - 2 - 1931
 17. I HEREBY CERTIFY, That I attended deceased from MARCH - 1, 1931, to APRIL - 2, 1931, that I last saw HE alive on APRIL - 3, 1931, and that death occurred, on the date stated above, at 12-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

PULMONARY - TUBERCULOSIS
23A
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 23B
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) W. E. Shupe, M. D.

4/3 - 1931 (Address) Edgerton Mo

*State the DISEASE CAUSING DEATH, or 10 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

Ridgely Cemetery Apr. 3 - 1931

20. UNDERTAKER ADDRESS

J. W. Rollins Edgerton

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.

MAY 27 1931

