

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

Do not use this space.

21854

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 2002 Registered No. 241  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

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

6A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF Milton Gaylord

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12-1884

7. AGE Years 86 Months 10 Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTY) South Carolina

13. NAME OF FATHER Samuel Austin

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTY) South Carolina

15. MOTHER'S NAME Married

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTY) South Carolina

17. INFORMANT (ADDRESS) Milton Gaylord

18. BURIAL, CREMATION, OR REMOVAL PLACE (CITY OR TOWN, STATE OR COUNTY) Morrison Ave, 6/17/31

19. UNDERTAKER (ADDRESS) Funeral Home

20. FILED July 13, 1931 Person Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1931

22. I HEREBY CERTIFY that I attended deceased from May 15, 1931, to June 5, 1931.  
I last saw her alive on June 5, 1931. Death is said to have occurred on the date stated above, at \_\_\_\_\_.  
The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis  
97 97

Date of onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. J. [Signature] M. D.  
(Address) \_\_\_\_\_ 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.

JUL 15 1931

W. B. Shawhan