

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

Do not use this space.

28486

1. PLACE OF DEATH

County Jackson
Township Baro
City Kansas City

Registration District No. 399
Primary Registration District No. 23003

File No. 7741
Registered No. 7741 Ward

2. FULL NAME

Austin Elizabeth
(a) Residence, No. 1733 Woodland 4 Ward.

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>wife of Smith Austin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1, 1859</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>2</u>
	DAYS <u>25</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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 COUNTRY) <u>Safayette Missouri</u>		
FATHER	13. NAME <u>Miller, Peter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Safayette Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Dorlin Cynthia</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Safayette Missouri</u>	
17. INFORMANT (ADDRESS) <u>Record Clerk New Hope #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland</u> DATE <u>8/28/31</u>		
19. UNDERTAKER (ADDRESS) <u>W. K. Moore</u>		
20. FILED <u>8/28</u> 19 <u>31</u> <u>M. M. Crowe</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1931, to August 26, 1931. I last saw her alive on August 26, 1931. Death is said to have occurred on the date stated above, at 12:30 a.m.. The principal cause of death and related causes of importance were as follows:
Chronic Nephritis

Other contributory causes of importance:
Hypostatic pneumonia
Senility

Name of operation 8 Date of 8

What test confirmed diagnosis? Sab. Was there an autopsy? Yes

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) D. M. Miller, M. D.
(Address) New Hope #2

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.

