

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.

SEP 26 1931

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

Do not use this space.

32267

1. PLACE OF DEATH

County St. Clair Co Registration District No. 763  
Township Butler Primary Registration District No. 4458  
City Louis City Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 19

2. FULL NAME

Sarah Anna Austin  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 27 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>F</u>	4. COLOR OR RACE <u>W</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>William F Austin</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 21, 1864</u>				
7. AGE	YEARS <u>67</u>	MONTHS <u>8</u>	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>			
	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>Near Montrose Henry Co. Mo.</u>				
FATHER	13. NAME <u>Robt M Goetz</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co Mo</u>			
MOTHER	15. MAIDEN NAME <u>Catherine Cook</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>			
17. INFORMANT <u>H C Austin</u> (ADDRESS) <u>Louis City Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Engelwood Cem. Clayton Mo</u> DATE <u>9/30/31</u>				
19. UNDERTAKER <u>Samuel H. McClary</u> (ADDRESS) <u>Clayton Mo</u>				
20. FILED <u>9/30</u> 19 <u>31</u> <u>Leo S. Wright</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/29/1931

2. HEREBY CERTIFY, That I attended deceased from June 15, 1931, to Sept 14, 1931.  
I last saw her alive on Sept 14, 1931. Death is said to have occurred on the date stated above, at 8:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Acute encephalomyelitis  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
92A 9/2/31

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 non  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) E. S. Stalder, M. D.  
(Address) Louis City

