

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.

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

Do not use this space.

39852

1. PLACE OF DEATH

County ScottRegistration District No. 87Township SeatonPrimary Registration District No. 455-3City Seaton (No. 455-3)St. 3Ward 52. FULL NAME Thomas Jackson Austill(a) Residence, No. Murray Lane St. 3 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFLynida Austill

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

Jan 22 - 1855

7. AGE

YEARS

74

MONTHS

9

DAYS

25

IF LESS than 1

day, hrs.
or min.

OCCUPATION

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

Day laborer

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)

Boonville Ind.

FATHER

13. NAME

Mat Austill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Hannah Gentry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

17. INFORMANT (ADDRESS)

Monroe Austill, Conrad, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Seaton Mo. DATE Nov 18, 1931

19. UNDERTAKER (ADDRESS)

John Abbitton, Seaton Mo.

20. FILED

8/31/31 Matteo & Sons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 193122. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1931, to Nov 18, 1931I last saw him alive on Nov 15, 1931. Death is saidto have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance

Name of operation Cerebral Date of Nov 17What test confirmed diagnosis? Cerebral Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury Nov 17, 1931Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury StrokeNature of injury Cerebral hemorrhage24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) W. G. Mayfield, M. D.(Address) Seaton Mo.

