

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.

3694

1. PLACE OF DEATH

County Bates
Township Wt Pleasant
City Buiter (No.)

Registration District No. 50
Primary Registration District No. 3004

File No.
Registered No. 13
St. Ward)

2. FULL NAME

(a) Residence, No. 412 N. 1st Scott St.,

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</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>Husband of Anna S</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>80</u>	YEARS <u>10</u>	MONTHS <u>15</u>
		DAYS <u>15</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>Rail-roader</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) <u>9 yr 9 mo ago</u>
	11. Total time (years) spent in this occupation <u>40</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
College Corner Ohio

13. NAME
Frank Austin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Don't know

15. MAIDEN NAME
Sarah Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Don't know

17. INFORMANT
Wife - Mrs Anna Austin
Buiter mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasanton Mo DATE Feb. 24 1932

19. UNDERTAKER
Ed Culver
Buiter, mo

20. FILED Feb 27 1932 Nema L Culver
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 26 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2 1930, to 26 1932.
I last saw him alive on 26 1932. Death is said to have occurred on the date stated above, at 11:30 pm.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
117 A
97 117 D

Other contributory causes of importance:
Gastric ulcer

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 ①

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) J. J. Knowlton M. D.
(Address) Buiter Mo

MAR 21 1932

State of

PL. PHYSICIAN
OCCUPATION

Every item of information should be
carefully checked and verified.

NOT A
AT THE

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Walter
Township Butler
City Butler (No.)

Registration District No. 30
Primary Registration District No. 3004

File No.
Registered No. 13
St. Ward)

2. FULL NAME

Walter J. Austin
(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11 1851

7. AGE YEARS 80 MONTHS 10 DAYS 15 If LESS than 1 day, ... hrs. or min.

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.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED March 9, 1932 Anna C. Culver Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from

....., to 19.....

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

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) M. D.

(Address)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in full, in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED & FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

REGISTRARS SHA

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