

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26716

1. PLACE OF DEATH

61 County Macon
 7 Township Macon
 4 City Macon (No. _____)

Registration District No. 533
 Primary Registration District No. 3027

File No. _____
 Registered No. 39
 St. _____ Ward _____

2. FULL NAME

Mahaly 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 Female 4. COLOR OR RACE Neg. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know 1833

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
77 Don't know

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 97

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Mo

13. NAME Sam Trimble

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

15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Mrs J T Daniel Sr

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison DATE 8/18 1932

19. UNDERTAKER (ADDRESS) Albert Phillip

20. FILED 8/31 1932 Mrs Luke Tucker Registrar

4. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/17 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/17/32 to 8/15/32

I last saw her alive on 8/15/32 at 10:45 A.M. Death is said to have occurred on the date stated above, at 6:35 P.M.

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

Arteriosclerosis

Cerebral Thrombosis

(Left) ventricle

Other contributory causes of importance: hypertensive

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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

Accident, suicide, or homicide? _____ Date of injury _____, 1932

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) J. C. West M. D.

(Address) Macon, Mo.

