

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

Do not use this space.

35222

1. PLACE OF DEATH

29 County Dade  
Township Smith  
City (No. ....) St. .... Ward)

Registration District No. 237  
Primary Registration District No. 5330

File No. ....  
Registered No. 38

2. FULL NAME

Lawrence Alexander Austin  
(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. / How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Jane Austin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1859  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 73 5 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10<sup>30</sup> 95  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisc. 2.

FATHER 13. NAME Moses Alexander Austin  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perm

MOTHER 15. MAIDEN NAME Elizabeth Ewing  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisc

17. INFORMANT (ADDRESS) Mrs. N. J. Austin

18. BURIAL, CREMATION, OR REMOVAL PLACE Tempsboro DATE Nov. 4 1932

19. UNDERTAKER (ADDRESS) Clay Caldwell Lockwood, Mo.

20. FILED 11-4-32 J. H. Ball Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1932  
22. I HEREBY CERTIFY That I attended deceased from Oct 29 1932 to Nov 3 1932  
I last saw him alive on Oct 31 1932 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:

Pneumonia and acute dilatation of heart  
Other contributory causes of importance: ①  
Date of onset

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 James Arthur M. D.  
(Signed) Lockwood Mo  
(Address)

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.

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**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 Dade  
Township Smith  
City (No. ....) St. .... Ward .....

Registration District No. 237  
Primary Registration District No. 5335

File No. ....  
Registered No. 38

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward .....

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)

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

8. Trade, profession, or particular kind of work done, as planner, 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. UNDERTAKER (ADDRESS)

20. FILED 11-4 1932 Bo Ball Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 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:

Emphysema and acute dilatation of heart labor  
Other contributory causes of importance:

Date of onset

Name of operation 108 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) ...

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE. CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAWS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state exactly. OCCUPATION should be stated EXACTLY. PHYSICIANS should state exact statement of OCCUPATION is very important.

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