

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.

1. PLACE OF DEATH

County Scott
Township Mokey
City _____ (No. _____)

Registration District No. 819
Primary Registration District No. 6669
4495

File No. 42828
Registered No. _____
St. _____ Ward _____

2. FULL NAME

James Austin
(a) Residence, No. near Mokey Mo 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 - 1916
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Dunklin Co Mo

13. NAME James Austin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co Mo

15. MAIDEN NAME Hillie Wheeler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co Mo

17. INFORMANT James Austin
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE McKean Cemetery DATE 12-14-1932

19. UNDERTAKER (ADDRESS) _____

20. FILED 12/14/32 12 Mrs. L. L. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1932, to December 12, 1932
I last saw him alive on December 12, 1932 Death is said to have occurred on the date stated above, at 4:15 m.
The principal cause of death and related causes of importance were as follows:

Date of onset

12-8-32

Acute Infarction
11/13
71/3 17/3

Other contributory causes of importance:
General debilitation of anemia
(Suspected T.B.) Microscopical &
did not reveal it.

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? No
If so, specify _____
(Signed) E. L. Harris, M. D.
(Address) Mokey Mo

