

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County LincolnRegistration District No. 486File No. 2209Township ElkhartPrimary Registration District No. 4293Registered No. 5City Elkhart (No. _____)

St. _____ Ward _____

2. FULL NAME

Lloyd Eugene 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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)

Jan 25 - 1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 5 hrs. or 5 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Elkhart Mo

10. NAME OF FATHER

Orval Austin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Lincoln Co Mo

12. MAIDEN NAME OF MOTHER

Virginia Bork

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Lincoln Co Mo

PARENTS

14.

INFORMANT
(Address)Orval Austin
Elkhart, Mo

15.

FILED 2-10-33C. E. Powell

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 - 1933

17.

I HEREBY CERTIFY, That I attended deceased from Jan 25 - 1933 to Jan 25 - 1933, that I last saw deceased alive on Jan 25 - 1933, and that death occurred, on the date stated above, at 9 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pneumonia
159
5-hrs.

(duration) yrs. mos. da.

CONTRIBUTORY
(SECONDARY)film of heart

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT IN PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. E. Powell, M. D., 19 Elkhart Mo. (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

New Hope Cemetery Jan 26 - 1933

20. UNDERTAKER

ADDRESS

W. H. B. BradleyElkhart

35

•
•
•
•
•
•
•
•

•
•
•
•
•

• • •