

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

Do not use this space.

5040^a

1. PLACE OF DEATH

County Cedar
Township Washington
City Cedar Springs, MO (No. R-E-D No. 1)

Registration District No. 163
Primary Registration District No. 52222

File No. _____
Registered No. 24
St. _____ Ward _____

2. FULL NAME

Roy 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

MEDICAL CERTIFICATE OF DEATH

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) June 4th 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 8 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter & Farmer
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) Webster City
(STATE OR COUNTRY) IOWA

13. NAME Samuel J. Austin

14. BIRTHPLACE (CITY OR TOWN) Homersville,
(STATE OR COUNTRY) New York

15. MAIDEN NAME Kate Cooper

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

17. INFORMANT Mary Austin Conway
(ADDRESS) El Dorado Springs, MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hackleman Cemetery DATE Feb. 8 1933

19. UNDERTAKER Gwinn & Siders
(ADDRESS) El Dorado Springs, MO

20. FILED May 1933 E. S. Smith
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1932, to Feb. 6th 1933

I last saw him alive on Feb. 1 1933. Death is said

to have occurred on the date stated above, at 11 A. m.

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

Chronic Myelitis

8/1 81

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) H. A. Simrell, M. D.

(Address) Stockton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

