

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

6844

1. PLACE OF DEATH
 84 County Calhoun Registration District No. 701
 Township Marys Primary Registration District No. 5930
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME Nancy Elizabeth 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED—(write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John K. Austin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jul 27 1873</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>11</u>	DAYS <u>14</u>
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. <u>Stover Kuper</u>		
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) <u>Burtonville Ark</u>		
13. NAME <u>John Rotensted</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
15. MAIDEN NAME <u>Mary Jane Pauloh</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
17. INFORMANT <u>Viola Gist</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hill</u> DATE <u>2/17</u> 19 <u>33</u>		
19. UNDERTAKER <u>White - Ewing</u> (ADDRESS) <u>Bolivar Mo.</u>		
20. FILED <u>2-16</u> 19 <u>33</u> <u>J. F. Robert</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1933 to Feb 15 1933
 I last saw him alive on Feb 14 1933 Death is said to have occurred on the date stated above, at 8 A. m.
 The principal cause of death and related causes of importance were as follows:
S. Acar Pneumonia Date of onset Feb 11

Other contributory causes of importance:
108 / 108

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) D. H. Bridgess M. D.
 (Address) Bolivar Mo.

