

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

Do not use this space.

23659

1. PLACE OF DEATH

58 County Linn Registration District No. 496
Township _____ Primary Registration District No. 3025
1 City Brookfield (No. 512) West Ave St. 2nd (Ward)

2. FULL NAME

Don Emory Austin
(a) Residence, No. _____ St. _____ Ward. Bucklin Mo
(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>M</u>	4. COLOR OR RACE <u>W</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>Grace Austin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-24-1880</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>2</u>
	DAYS <u>2</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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 <u>38</u>
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bucklin Mo</u>	
	13. NAME <u>John N. Austin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know Illinois</u>	
	15. MAIDEN NAME <u>Elizabeth Wright</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do NOT KNOW N.Y.</u>	
	17. INFORMANT <u>Mo. Grace Austin</u> (ADDRESS) <u>Bucklin Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bucklin Mo</u> DATE <u>7-29</u> 19 <u>33</u>	
19. UNDERTAKER (ADDRESS) <u>C. W. White</u> <u>Brookfield Mo</u>		
20. FILED <u>7-27</u> 19 <u>33</u> <u>C. E. Jackson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/17 1933 to 7/26 1933
I last saw him alive on 7/26/1933 Death is said to have occurred on the date stated above, at 4:45 p.m.
The principal cause of death and related causes of importance were as follows:
Peritonitis following removal of infected gall bladder 3 da
Other contributory causes of importance: 1933
Infected Gall Bladder 3 da
Name of operation Removal of gall bladder Date of 7-23-33
What test confirmed diagnosis? Lab. Study as 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 u

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify _____
(Signed) John M. Lang M. D.
(Address) Brookfield, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 26 1933

