

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

Edmondson

Do not use this space.

26184

1. PLACE OF DEATH
 39 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 3001
 City Springfield (No. 618 E. Pacific) Registered No. 614
 St. _____ Ward _____
 2. FULL NAME Wanda Lee Austin
 (a) Residence, No. 618 E. Pacific _____ 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.

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) July 31 1933
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
 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) Mo.

FATHER 13. NAME Roy Austin

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Lorene Farmer

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Robert Versaw Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE New Lawn Cemetery Aug 27 1933

19. UNDERTAKER (ADDRESS) W. L. Tinsler & Co Springfield Mo

20. FILED 8-27-33 Ralph W. Austin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1933, to Aug 25 1933
 I last saw him alive on Aug 23 1933. Death is said to have occurred on the date stated above, at 5:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset _____
107A
107A
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical 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) M. T. Edmondson _____ M. D.
 (Address) 318 E. Collier St Springfield Mo

SEP 26 1933

