

27 1934
-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state SE 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.

1. PLACE OF DEATH

County Barry
Township W. R. Daniel
City (No.)

Registration District No. 31
Primary Registration District No. 5045A

File No. 3841
Registered No. 4
St. Ward

2. FULL NAME

(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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. N. Austin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16 - 1881

7. AGE YEARS 52 MONTHS 3 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coin Lane
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) Tenn.

13. NAME Daniel McPhail

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Elan Dixon

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Arkport DATE Feb. 4, 1934

19. UNDERTAKER L. B. Blankenship (ADDRESS)

20. FILED 2-10 1934 Mattie Blankenship Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1933 19 to Feb. 2nd 1934

I last saw her alive on Feb. 2nd 1934 Death is said to have occurred on the date stated above, at 2 P. a.m.

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

Hypostatic Pneumonia
1810
1110
Other contributory causes of importance:
Cholecystitis - Suppurative
Date of onset 1934 Jan. 15th

Name of operation none 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? no

If so, specify

(Signed) J. O. Baldwin M.D. (Address) Purdy, Mo.

