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.

MAY 25 19

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

Do not use this space.

13471

1. PLACE OF DEATH

County Lincoln Registration District No. 49

Township Monnat Primary Registration District No. 3

City (No. 363 St. Ward)

File No. 239

Registered No.

2. FULL NAME Virginia Caroline 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 1933

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	8	4	

OCCUPATION

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.

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) Missouri

FATHER

13. NAME Virgil Austin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Dakota

MOTHER

15. MAIDEN NAME Emma Eltroth

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

17. INFORMANT (ADDRESS) Virgil Austin Erbyn Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Prairie DATE April 30 1934

19. UNDERTAKER (ADDRESS) David L. Forbush Winfield Mo.

20. FILED 4/30 19 34 H. Reynolds Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1934

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1934 to April 29, 1934

I last saw her alive on April 29, 1934. Death is said to have occurred on the date stated above, at 11:45 a.m.

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

	Date of onset
Empyema of Rt. Chest following Lobar Pneumonia of Rt Lower Lobe.	10th
10 D	11th
	17th

Other contributory causes of importance:
Pale Malnutrition

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. J. Allenato, M. D.
(Address) D. J. Allenato Winfield, Mo.