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.

FEB 20 1935

File No. 329

Registered No. 20

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 52

Township: Washington — Primary Registration District No.: 527

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: William Henry Auxier

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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: M

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: Mattie Auxier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 28, 1884

7. AGE: Years 50 — Months 0 — Days 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farming

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 COUNTY): Buchanan Co. Mo

FATHER

13. NAME: Isaac Auxier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Missouri

MOTHER

15. MAIDEN NAME: Louisa Barnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Missouri

17. INFORMANT (ADDRESS): Mrs Nellie Shiple, Bendena, Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Fagin Mo. DATE: 1-16-35, 19

19. UNDERTAKER (ADDRESS): W. H. Sullivan, Gower

20. FILED: Jan 16, 1935 J. J. Bauschard, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 14, 1935

22. I HEREBY CERTIFY That I attended deceased from Dec 20, 1934, to Jan 13, 1935

I last saw him alive on Jan 13, 1935. Death is said to have occurred on the date stated above, at 6 a.m.

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

	Date of onset
mitral insufficiency	
G H a	

Other contributory causes of importance:

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) G. F. Kimbell, M. D.

(Address) Easton

By Dr J C Kimbell