

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

Do not use this space.

6357

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Adalia

Primary Registration District No. 3032

City Adalia (No. 421 South Lamine)

File No. 68

Registered No. 668

St. Kansas City Ward Missouri

2. FULL NAME

(a) Residence, No. 421 S. Lamine

St. Kansas City

Ward. Missouri

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

14 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

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)

May 30 1913

7. AGE

YEARS

21

MONTHS

8

DAYS

8

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Restaurant

10. Date deceased last worked at this occupation (month and year)

Dec. 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Eldon Missouri

FATHER

13. NAME

Raymond Austin

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

Eldon Missouri

MOTHER

15. MAIDEN NAME

Hettie Stevens

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

Sheldon Missouri

17. INFORMANT (ADDRESS)

Mr. H. R. White  
Adalia Route 5

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Cemetery

DATE 2-10-1935

19. UNDERTAKER (ADDRESS)

Mc Laughlin Bros  
Adalia Mo

20. FILED

2-9-1935 Jean Slack Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb 8 1935

22. I HEREBY CERTIFY, That I attended deceased from

Feb 3 1935, to Feb 8 1935

I last saw him alive on Feb 8 1935. Death is said

to have occurred on the date stated above, at 2:50 A. M.

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

Lobar pneumonia

Date of onset

2/4/35

Other contributory causes of importance

Name of operation

None

Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

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)

(Address)

J. W. Rogers, M. D.

Adalia Mo

