

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.

JUN 18 1935

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

Do not use this space.

15555

1. PLACE OF DEATH

County Bates

Registration District No. 50

File No. _____

Township _____

Primary Registration District No. 3004

Registered No. 38

City Butler (No. _____)

St. _____ Ward _____

2. FULL NAME Mrs F. Lawrence & Tabie 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of U. W. Austin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 4 29

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

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) Cottleville Missouri

13. NAME George Stobie

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

15. MAIDEN NAME I don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) I don't know

17. INFORMANT (ADDRESS) Carl J. Henry London Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE May 29 1935

19. UNDERTAKER (ADDRESS) Culver's Butler Mo.

20. FILED May 29 1935 Nina L. Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 8 1934, to May 28 1935

I last saw him alive on May 22 1935. Death is said to have occurred on the date stated above, at 4:05 p.m.

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

Bulbar Paralysis

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Culture 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 _____, 1935

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. D.

(Address) Butler Mo.

