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.

FEB 20 1936

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

Do not use this space.

1478

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Lake — Primary Registration District No. 1002 — Registered No.
City K. C. Mo. (No. General Hosp. #2 St. 3rd Ward)

2. FULL NAME Leroy Austin
(a) Residence, No. 1618 E. 22nd St. Terrace 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 Male — 4. COLOR OR RACE Colored — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7th - 1 - 1935

7. AGE — YEARS — MONTHS 6 — 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. Infant
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) K. C. Mo

FATHER
13. NAME Wm Austin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER
15. MAIDEN NAME Princello Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Records Clerk General Hospital #2

18. BURIAL, CREMATION, OR REMOVAL Blue Ridge Lawn DATE Jan. 23rd 1936

19. UNDERTAKER (ADDRESS) West Appleton & Jones 1600 E. 19th St.

20. FILED 1/22 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-5, 1936 to 1-18, 1936
I last saw him alive on 1-18, 1936 Death is said to have occurred on the date stated above, at 9:20 P.M.
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia — Date of onset

Other contributory causes of importance:
Enlarged Thymus (?)

Name of operation Clinical Lab. Date of
What test confirmed diagnosis? 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? No
If so, specify
(Signed) [signature], M. D.
(Address) General Hosp. #2