

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

Do not use this space.

APR 21 1936

1. PLACE OF DEATH

County Macou
Township Johnston
City Johnston

Registration District No. 533
Primary Registration District No. 2712

File No. 6752

Registered No. _____
St. _____ Ward _____

2. FULL NAME

Edward P. Ausmus Ausmiers

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17-1839

7. AGE YEARS 96 MONTHS 19 DAYS 28 If LESS than 1 day, hrs. min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Illinois

13. NAME Phillip Ausmus

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

15. MAIDEN NAME OK

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

17. INFORMANT Nettie Ausmus (ADDRESS) Atlanta, Mo., R. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE New Harmony DATE 2-16-36

19. UNDERTAKER Stephens & Goodding (ADDRESS) Major, Mo.

20. FILED Mar 11, 1936 Dr. O. A. Driffin Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1935, to Feb. 15, 1936

I last saw him alive on Feb. 14, 1936 Death is said

to have occurred on the date stated above, at 1:30 a.m.

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

Chronic nephritis

Date of onset _____

Other contributory causes of importance: _____

arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? None 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) H. O. Newton, M. D.

(Address) Lafayette, Mo.

