

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

Do not use this space.

**1. PLACE OF DEATH**

County Bascomade

Registration District No. 304

Township Richland

Primary Registration District No. 5421

City Joseph

(No.       )

St.        Ward       

**2. FULL NAME**

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

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**

—

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

3-5-1857

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

79

4

10

**OCCUPATION**

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

**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**

retired Farmer

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

Little Berger, Mo., Franklin

**FATHER**

**13. NAME**

Louis Augustine

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

Germany

**MOTHER**

**15. MAIDEN NAME**

Mary Ida

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

Germany

**17. INFORMANT (ADDRESS)**

Edwin Augustine

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE St. Marys Cemetery DATE July 18, 1936

**19. UNDERTAKER (ADDRESS)**

Arnold H. Harrison  
Morrison Mo

**20. FILED**

7-25 1936 F. E. Kicker  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

July 15 1936

**22. I HEREBY CERTIFY That I attended deceased from**

July 14 1936 to July 15 1936

I last saw him alive on July 15 1936. Death is said to have occurred on the date stated above, at 4 P m.

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

Acute dilatation of Heart  
Heart Stroke

Date of onset

**Other contributory causes of importance:**

None

**Name of operation**

None

**Date of**

**What test confirmed diagnosis?**

Physical

**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) Jas Williamson, M. D.

(Address) Morrison Mo

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.

