

DEC 18 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

40268

## 1. PLACE OF DEATH

County AndeianRegistration District No. 26Township SalinePrimary Registration District No. 3002City Mexico Mo. (No. ....)

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 727 W. Monroe

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

Male

## 4. COLOR OR RACE

White

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

Married

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

Maud L. Austin

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

Feb. 26 1878

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

6386

## OCCUPATION

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

Mechanic

## 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)

Wright City Mo.

## FATHER

## 13. NAME

William T. Austin

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

Unknown

## MOTHER

## 15. MAIDEN NAME

Unknown

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

Unknown

## 17. INFORMANT (ADDRESS)

O. Austin

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood Mexico DATE Nov. 3 1936

## 19. UNDERTAKER (ADDRESS)

H. A. Pratt & Son

## 20. FILED

Nov 2 1936 Blanche Neely Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1, 193622. I HEREBY CERTIFY, That I attended deceased from Oct-1, 1936 to Nov-1, 1936I last saw him alive on Nov-1, 1936 Death is saidto have occurred on the date stated above, at 12:40 A.M.

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

Cerebral Hemorrhage  
Myocardial Infarction  
Right side of heart  
Choking Spasm & Throat

Date of onset

Other contributory causes of importance:

High Blood Pressure  
Arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis?

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 ...., 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) R. H. Van Housen, M. D.(Address) Mexico 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.

