

FEB 25 1937

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

Do not use this space.

1632

1. PLACE OF DEATH

County JaKkson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 4050 Warwick) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 48233

2. FULL NAME Mrs. Emma Jane Austin

(a) Residence, No. 4050 Warwick 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
70 6 24

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 26

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) Alexandria Minn.

13. NAME Isaiah Johnson

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

15. MAIDEN NAME Mary Jane Rumer

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

17. INFORMANT Miss Jeanette Austin  
(ADDRESS) 4050 Warwick

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Jan 24 1937

19. UNDERTAKER D.W. Newcomer's Sons  
(ADDRESS) \_\_\_\_\_

20. FILED Jan 25 1937 M. M. Grome  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-24, 1936, to 1-25, 1937

I last saw her alive on 1-24, 1936. Death is said to have occurred on the date stated above, at 12/15m A.M.

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

Inanition and anhydremia

Date of onset 1-17-37

Other contributory causes of importance:

Ch. bronchial asthma - many years  
Ch. emphysema  
(P.P.C. Liver)  
(Chronic passive congestion of liver)

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? Yes

If so, specify \_\_\_\_\_ (Signed) J. J. Grome, M. D.  
(Address) Floral Hills, 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.

W. S. ...  
Kathrop Bldg.

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