

AUG 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Audrain
 Township Salt River
 City Mexico (No. , , ,)

Registration District No. 26
 Primary Registration District No. 3002

File No. 26555
 Registered No. 94
 St. , Ward

2. FULL NAME William W. Austin

(a) Residence, No. 527 W. Maple St. , Ward. (If nonresident, give city or town and State)
 (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.

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 Martha K. Austin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1848
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 — 14

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

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

15. MAIDEN NAME Nancy Austin

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

17. INFORMANT Mrs. Garrett (Daughter)
 (ADDRESS) Rush Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ladonia, Mo. DATE July 9, 1937

19. UNDERTAKER Chas. Arnold Jr.
 (ADDRESS) Mexico, Missouri

20. FILED July 8, 1937 Blanche Keely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

22. I HEREBY CERTIFY, That I attended deceased from July 2 1937 to July 7 1937
 I last saw him alive on July 7 1937 Death is said to have occurred on the date stated above, at — m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset

Other contributory causes of importance:

Atherosclerosis
Chronic Hypertension

Name of operation none Date of —
 What test confirmed diagnosis? Exa 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 1

24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify R. H. Van Thuyngden M. D.
 (Signed) Mexico Mo
 (Address)

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.

