

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

Do not use this space.

SEP 21 1937

PLACE OF DEATH

County New Madrid

Registration District No. 274

File No. 31305

Township Lilbourn

Primary Registration District No. 4063

Registered No. _____

City Lilbourn

(No. _____)

St. _____ Ward _____

2. FULL NAME Roslie A. Austin

(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

4. COLOR OR RACE

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

Fem

White

Single

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6 1937, to July 6, 1937

I last saw her alive on July 6, 1937. Death is said to have occurred on the date stated above, at 2 P.m.

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

acute indigestion
due to error
in diet

Date of onset

7/5/37

Other contributory causes of importance: 180

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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 _____, 1937

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) E. E. Jones, M. D.

(Address) Lilbourn, Mo

DATE OF BIRTH (MONTH, DAY, AND YEAR)

3/26/37

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

3

0

10

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

none

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

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St Louis Mo.;

1. NAME

Noble Austin

1. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ills.;

1. MAIDEN NAME

Mildred Dye

1. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.;

FORMANT (ADDRESS)

Noble Austin
Lilbourn Mo.;

1. BURIAL, CREMATION, OR REMOVAL PLACE

Mounds

DATE 7/7/37

1. BURIAL, CREMATION, OR REMOVAL PLACE

Hill Bros.;
Lilbourn Mo

1. BURIAL, CREMATION, OR REMOVAL PLACE

Sept 7 1937 E. E. Jones
Registrar.

BERMANE

