

REC'D JUN 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County Perce
Township Morgan
City (No. _____) _____

Registration District No. 556
Primary Registration District No. 5750

File No. 18859
Registered No. 30

2. FULL NAME

James William Austin (James William Austin)
(a) Residence, No. _____ St. _____ Ward. 233
(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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 1854

7. AGE YEARS 83 MONTHS 6 DAYS 0 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Farmersville (STATE OR COUNTRY) Livingston CO Mo

FATHER 13. NAME Jesse Austin

14. BIRTHPLACE (CITY OR TOWN) Boone Co Mo (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Kazah Jane Mullins

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

17. INFORMANT Bessie Austin (ADDRESS) Princeton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton Mo DATE May 30 1938

19. UNDERTAKER Martin Funeral Home (ADDRESS) Princeton Mo

20. FILED 5/29 1938 J. M. Perry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to May 29, 1938. I last saw him alive on May 15, 1938. Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:
Cancer of the stomach originated in stomach

Other contributory causes of importance: 40
hemorrhage from month 5/28/38
artery.

Name of operation none Date of _____
What test confirmed diagnosis? Biopsy 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) Dr. B. J. Cattel
Princeton, Mo.

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.

