CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 26 1938

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

Do not use this space.

29817

1. PLACE OF DEATH

County Randolph — Registration District No. 732 — File No. 728

Township Monitor — Primary Registration District No. 4437 — Registered No. 732

City Higbee (No. ..... St. ..... Ward)

2. FULL NAME Austin Agustus Smith

(a) Residence, No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8 - 26 - 1938

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
Still Born			

OCCUPATION

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

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) Higbee Mo

FATHER

13. NAME Austin Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

MOTHER

15. MAIDEN NAME Delphie Robb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

17. INFORMANT (ADDRESS) Austin Smith Higbee, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Robb Cemetery DATE Aug 27 1938

19. UNDERTAKER (ADDRESS) C. L. Feland Higbee

20. FILED Aug 29 1938 J. H. Simms M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1938, to Aug 26, 1938

I last saw him on ..... , 19..... 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:

Still born. Dead for some 2 or 3 wks. Mother was treated for toxemia in pre-eclamptic period and death to foetus is

Date of onset

Other contributory causes of importance: supposedly due to toxemia of pregnancy

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 ....., 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) [illegible] M.D.

(Address) Higbee Mo

RECEIVED
District Health Officer No. 10
District File Number 10-88-6
Date Filed 9-14-38