

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

17986
Do not use this space.

REC'D JUN 13 1939

1. PLACE OF DEATH

(a) County Bollinger Co. 7 Registration District No. 67
 (b) Township Leopold Primary Registration District No. 5106 Registered No. 8
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 235 Baby Austin

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Stillborn</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stillborn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 25, 1939</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as 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) <u>near Millersville</u> (STATE OR COUNTRY) <u>MO.</u>		
FATHER	13. NAME <u>Wilford Austin</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>near Millersville</u> (STATE OR COUNTRY) <u>MO.</u>	
MOTHER	15. MAIDEN NAME <u>Dora Shinkard</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Millersville</u> (STATE OR COUNTRY) <u>MO.</u>	
17. INFORMANT <u>Wilford Austin</u> (ADDRESS) <u>R.R. #1 Millersville, MO.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gardner</u> DATE <u>May 25, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>C. W. Miller</u> (ADDRESS) <u>Jackson, MO.</u>		
20. FILED <u>6-6</u> 1939 <u>Mrs. H. A. Stender</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive 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

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? V Was there an autopsy? V

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) W. H. Stender, M. D.
 (Address) Jackson, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.