LESS JUN 14 1939
747

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 18114
Township Washington — Primary Registration District No. 1001 — Registered No. 558
City St Joseph (No. ..., State Hosp #2 St. ..... Ward)

2. FULL NAME Edward Auten
(a) Residence, No. ..... St., ... Ward. Maryville Mo
(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

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 Mrs. Ed Auten (Linda Alice Auten)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1869
7. AGE YEARS 69 MONTHS 5 DAYS 13 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.
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

FATHER
13. NAME George Auten
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) America

MOTHER
15. MAIDEN NAME Nancy Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) America

17. INFORMANT (ADDRESS) Hospital Records
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopkins Mo DATE May 30 1939
19. UNDERTAKER (ADDRESS) Stanley Swanson Hopkins, Mo
20. FILED May 28 1939 H J Nesthebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1939
22. I HEREBY CERTIFY, That I attended deceased from April 29, 1939, to May 28, 1939
I last saw him alive on May 28, 1939. Death is said to have occurred on the date stated above, at 2:50 p.m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerotic Heart disease with Psychosis
Date of onset
Other contributory causes of importance: Bronchopneumonia
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) D P Johnson, M. D.
(Address) State Hosp. #2 St. Joseph, 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.