

REC'D JUN 13 1939

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

19102

Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 496
(b) Township 2 Primary Registration District No. 3075 Registered No. 47
(c) City Brookfield Mo (d) Street No. Brookfield Hospital 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 Narcisis Virginia Austin
(a) Residence, No. 418 W 11st St. Brookfield Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 James Emory Austin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 - 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 1 27

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) (STATE OR COUNTRY) West VirginiaFATHER 13. NAME Andrew J. Darragh14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't knowMOTHER 15. MAIDEN NAME Mary Wright16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT C. M. Austin
(ADDRESS) Marceline Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Marceline Mo DATE May 2 193919. FUNERAL DIRECTOR (NAME) Geo M Laughlin
(ADDRESS) Marceline Mo.20. FILED June 1 1939 John Lucas
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1939

22. I HEREBY CERTIFY, That I attended deceased from April 29 1939 to May 1 1939
I last saw him alive on April 30 1939. Death is said to have occurred on the date stated above, at 2,45a m.

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

Chr. Degenerative Myocarditis (?) Date of onset 131

Other contributory causes of importance:

Chronic Intestinal Stenosis
Hypertension

Name of operation Date of

What test confirmed diagnosis? Clue. Was there an autopsy?

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?

If so, specify

(Signed) W. L. DeGraeger M. D.(Address) Marceline Mo

RECEIVED

District Registrar

District File Number 39-609

Date Filed JUN 5 1939

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,

Blanche M Laughlin

or by Hal Bunker

Registered Apprentice No. 149

working under my personal supervision.

Signed Blanche M Laughlin

Licensed Embalmer No. 1909

P. O. Address Marcelline

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.