

FILED APR 18 1940

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

10620
Do not use this space.

1. PLACE OF DEATH
 (a) County Chariton Registration District No. 472
 (b) Township Mendon Primary Registration District No. 4101 Registered No. 3
 (c) City Mendon (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 Agnes Grace 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 - 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 10 11

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. Housewife
 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) Pottsville Mo

FATHER
 13. NAME A. F. Temple
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
 15. MAIDEN NAME Mary Manlove
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Cecil Austin Mendon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield DATE 3/26 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) S. L. Toi board Mendon Mo

20. FILED 3/25, 1940 Wm West Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw her alive on Mar 20, 1940. Death is said to have occurred on the date stated above, at 8 p. m.
 The principal cause of death and related causes of importance were as follows:
SWICIDE BY STRYCHNINE POISONING
SELF ADMINISTERED Date of onset 11:00

Other contributory causes of importance:
a note in her writing & signed "Grace" also a bottle of strychnine were found about 2 yrs had been
 Name of operation taken from the bottle Date _____
 What test confirmed diagnosis? _____ 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 Mar 20 1940
 Where did ~~the~~ occur? Mendon, Chariton Co., Mo.
 (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. B. Lucas _____, M. D.
160 (Address) Mendon Mo
Acting Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

I X16603

Date Filed
District File Number
4-16-48
Circuit No. 8

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 *J. L. Shepard*
Licensed Embalmer No. 3970
P. O. Address *Mudon me*

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.