JUL 15 1940

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

21057
Do not use this space.

1. PLACE OF DEATH

(a) County Atchison 2 Registration District No. 17

(b) Township 1 Primary Registration District No. 4011 Registered No.

or

(c) City Fairfax (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 Theodora Oakley Gould Austin

(a) Residence, No. St. Bartlesville Oklahoma

(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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April-4-1861

7. AGE: YEARS 79 MONTHS 2 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: at Home
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): Holley New Jersey

FATHER

13. NAME: T. O. Gould
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

MOTHER

15. MAIDEN NAME: Anna Prickett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

17. INFORMANT (ADDRESS): Mrs. Owen Hunter Fairfax Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Bartlesville Oklahoma DATE: June 23, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. M. Davis Tarkio Mo

20. FILED: June 21, 1940 Fitter B. Black, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1940, to June 20, 1940

I last saw her alive on June 20, 1940 Death is said to have occurred on the date stated above, at 10:25 pm.

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

	Date of onset
Carcinoma of stomach	1939
Hemorrhage	

Other contributory causes of importance: 4 6

Name of operation: Exploratory laparotomy Date of May 1940

What test confirmed diagnosis? 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) H. C. Bauman, M. D.

15 (Address) Fairfax, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 11
District File Number 740-1186
Date Filed JUL 11 1940

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 Jno. M. Davis

Licensed Embalmer No. 2394

P. O. Address Darkei, Mo.

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

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