

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

Do not use this space.

30292

6 1928

**PLACE OF DEATH**

County Hurley  
Township.....  
City Clinton Mo (No. ....)

Registration District No. 347  
Primary Registration District No. 3018

File No. ....  
Registered No. 117  
St. .... Ward)

**2. FULL NAME**

Mary E. Austin  
(a) Residence. No. 221 S-2d St., .... Ward.

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 20 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 | 10 | 6

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) -in home  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Columbia  
(STATE OR COUNTRY) Adair Co., Ky

PARENTS

10. NAME OF FATHER Henry Cheek

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Virginia

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Wm. Duncan  
(Address) Clinton Mo

15. Sept. 27, 28 Dr. E. O. Peeler  
REGISTRAR  
per J.S.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 26<sup>th</sup> 1928  
17.

I HEREBY CERTIFY, That I attended deceased from 1928, to Sept. 26<sup>th</sup> 1928  
that I last saw him alive on Sept. 25<sup>th</sup> 1928, and that death occurred, on the date stated above, at 5 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Embolism from seat of fracture to Heart  
2 hours (duration) yrs. mos. da.  
CONTRIBUTORY Commenced fracture left thigh (SECONDARY) (duration) yrs. mos. da. 23

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

✓ DID AN OPERATION PRECEDE DEATH..... DATE OF Aug. 3/28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical  
(Signed) Robt. D. Hurre, M. D.  
, 19 (Address) Clinton Mo

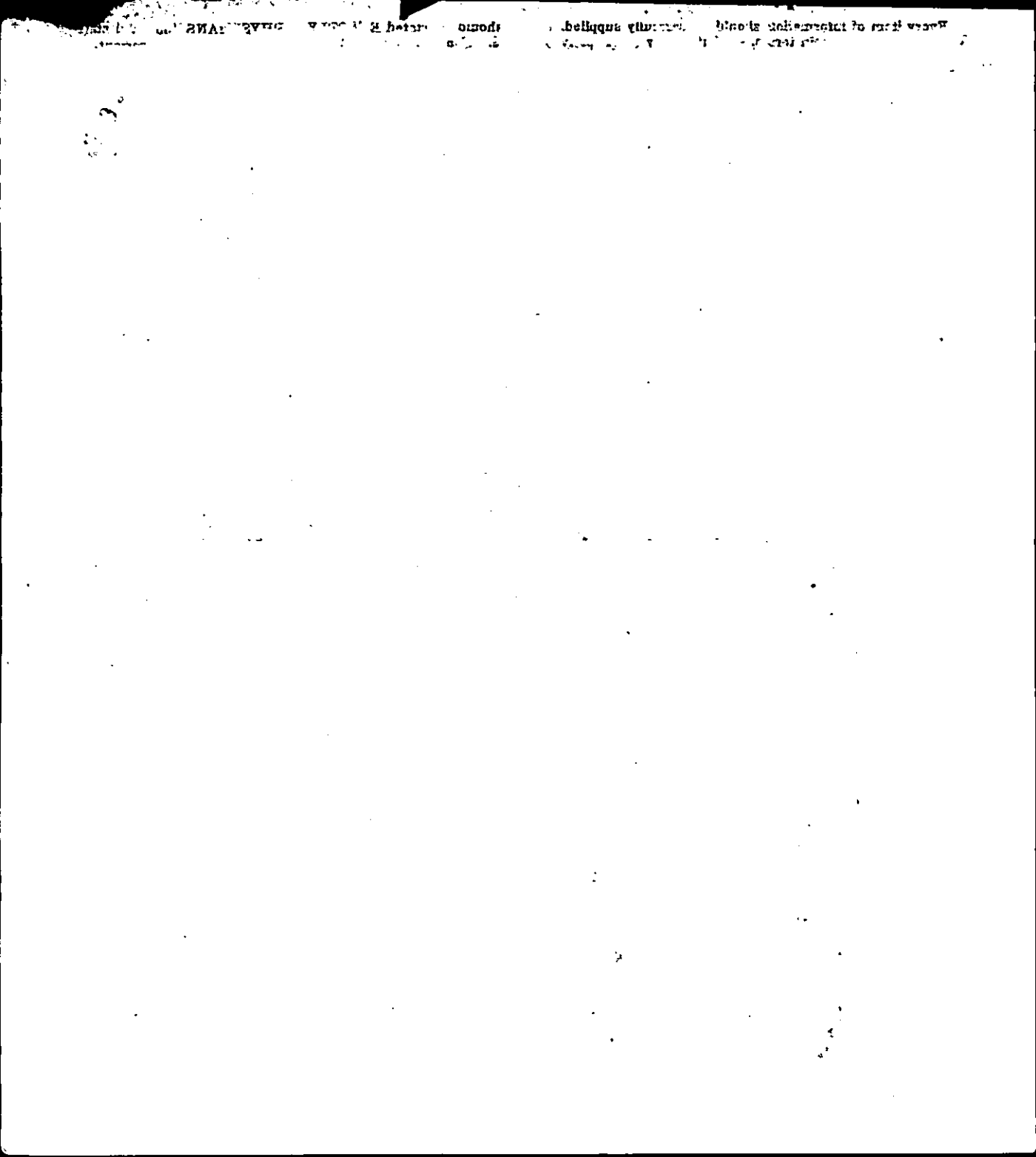
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL Sept 27 1928

20. UNDERTAKER Space Joy Clinton ADDRESS

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.

113.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Henry  
Township Clinton  
City Clinton (No. ....)

Registration District No. 347  
Primary Registration District No. 3018

File No. ....  
Registered No. 117  
St. .... Ward

**2. FULL NAME**

(a) Residence. No. .... St. .... Ward. ....  
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work .....  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT  
(Address)

15. Sept. 27, 1928 Dr. E. C. Peck  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26, 1928

17. I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Embolism from  
ruptured fracture to  
heart, auto. accident

CONTRIBUTORY Committted fracture of  
(SECONDARY) left thigh (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED The accident  
happened in Henry Co. on  
Highway 13. About 3 miles  
from Clinton, Mo.

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) 1880, M. D.  
, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-30292