

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.

NOV 24 1931

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

Do not use this space.

37479

1. PLACE OF DEATH

County Franklin
Township Franklin
City (No.) (St.) (Ward)

Registration District No. 347
Primary Registration District No. 5-501A

File No.
Registered No. 109

2. FULL NAME Emerald Austin

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/5, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from 10/29, 1931, to 11/5, 1931

I last saw her alive on 11/1, 1931 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/29/31

to have occurred on the date stated above, at 5 P. m.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 37

Middle ear infection Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

8 1/2

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9 1/2

12. BIRTHPLACE (CITY OR TOWN) near Coal (STATE OR COUNTRY) Mo

Name of operation None Date of

13. NAME Frank O. Austin

What test confirmed diagnosis? Chumey Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) Coal RD (STATE OR COUNTRY) Mo

15. MAIDEN NAME Ida Chustain

16. BIRTHPLACE (CITY OR TOWN) Benton Co, (STATE OR COUNTRY) Mo

17. INFORMANT E. E. Peeler (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Yelpo Ln DATE 11/7, 1931

19. UNDERTAKER Harry Naylor (ADDRESS) Coal Mo, R D

20. FILED 11/6, 1931 E. E. Peeler Registrar.

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) E. E. Peeler, M. D.

(Address) Clinton Mo

