

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

Do not use this space.

**1. PLACE OF DEATH**

42 County Henry  
Township Hobby Creek  
City..... (No.....)

Registration District No. 347  
Primary Registration District No. 5491

File No. 16355  
Registered No. 13  
St. .... Ward)

**2. FULL NAME**

No Name Austine

(a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)  
(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. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8 - 1933</u>		
7. AGE YEARS	MONTHS	DAYS
<u>6</u>	<u>0</u>	<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
<u>Child</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>"</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) - <u>Clinton, Mo.</u> (STATE OR COUNTRY) <u>TR # 3</u>		
13. NAME <u>Hermit S. Austine</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Okla. Homq.</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Margia Tuogood</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Iowa</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Hermit S. Austine</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Paul Cemetery</u> DATE <u>5-9</u> 19 <u>33</u>		
19. UNDERTAKER <u>Spore &amp; Sons</u> (ADDRESS) <u>Clinton, Mo.</u>		
20. FILED <u>5/8</u> 19 <u>33</u> <u>E.C. Beeler</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/8 1933

22. I HEREBY CERTIFY, That I attended deceased from time of birth May 8 1933, to same date 1933  
I last saw him alive on May 8 1933. Death is said to have occurred on the date stated above, at 10:10 a.m.  
The principal cause of death and related causes of importance were as follows:  
Asphyxia neonatorum.  
1610 / 1600  
Other contributory causes of importance:  
Cerebral hemorrhage.

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical 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) Dr. Lloyd Carroll M. D.  
(Address) Clinton Mo.

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.

MAY 22 1933

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