

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.

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

Do not use this space.

48604

AUG 20 1936

1. PLACE OF DEATH

County Henry

Registration District No. 347

Township Clinton,

Primary Registration District No. 5488

City

(No. St. Ward)

File No.

Registered No.

2. FULL NAME Unnamed child of Everett W. and Eva Austin.

(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

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, 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)

FATHER

13. NAME Everett W. Austin,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co., Mo.

MOTHER

15. MAIDEN NAME Eva Drinkwater,

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

17. INFORMANT Everett W. Austin. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Buried on premises. DATE 7/15/36

19. UNDERTAKER None (ADDRESS)

20. FILED 7-24 1936 J. B. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936, to, 19.....

I last saw him alive on Still born, 19..... Death is said

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

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

Toxemia of pregnancy in the mother

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

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....., 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) J. W. Wolcott, M. D.

(Address) Clinton, Mo.

