

FEB 7 1937

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

Do not use this space.

1080

1. PLACE OF DEATH

County Adair
Township Leesville
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 5501A

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mary 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 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Broadus Austin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-7-1892</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>10</u>
	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation. <u>Life</u>
	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)	

12. BIRTHPLACE (CITY OR TOWN) Larroy City
(STATE OR COUNTRY) Mo13. NAME Robert Mc Ginnis14. BIRTHPLACE (CITY OR TOWN) Pleasant Hill
(STATE OR COUNTRY) Mo15. MAIDEN NAME Wester Shepherd16. BIRTHPLACE (CITY OR TOWN) Larroy City
(STATE OR COUNTRY) Mo17. INFORMANT Dale Austin
(ADDRESS) Clinton18. BURIAL, CREMATION, OR REMOVAL
PLACE Conglewood DATE Jan 20, 193719. UNDERTAKER Wm. C. Wilkinson
(ADDRESS) Clinton 277020. FILED L-25 1937 J. R. Hampton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 13, 1937 to Jan 18, 1937I last saw h. alive on Jan 13, 1937 Death is said to have occurred on the date stated above, at 1:10 P.M.

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

Severe Labor Pneumonia (Date of onset Jan 10)
Myocardial weakness
or failure

Other contributory causes of importance:

Flu. just bent from
thyroid disturbance. (Gaiter)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No23. 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) Wm. S. Nantz M.D.(Address) Clinton Mo.

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.

