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 19 1928

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

Do not use this space.

37557

1. PLACE OF DEATH
County Marion
Township ~~mason~~
City Hannibal (No. 810 Church St. 3rd Ward)

Registration District No. 547
Primary Registration District No. 3029

File No.
Registered No. 322

2. FULL NAME Elizabeth Helen Austin
(a) Residence. No. 810 Church St. St., 3rd 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 15. 1838

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
88	II	I7	

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

9. BIRTHPLACE (CITY OR TOWN) Madison
(STATE OR COUNTRY) Ind

PARENTS
10. NAME OF FATHER: Samuel Abbott
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Maryland
12. MAIDEN NAME OF MOTHER: Mary Stringfellow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)

14. INFORMANT Miss. Queen Austin
(Address) 810 Church St. Hannibal, Mo.

15. FILED Dec 5, 1927 C. E. Shode
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec, 2 1927

17. I HEREBY CERTIFY, That I attended deceased from ..... 1926, to Dec 2, 1927 that I last saw her alive on Dec 1, 1927, and that death occurred, on the date stated above, at 12:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

[illegible]

11K
16J

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) [illegible]

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
9 DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. C. Chittam, 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: Riverside Cem.
DATE OF BURIAL: 12/4 1927

20. UNDERTAKER: Wm. M. Smith
ADDRESS: Hannibal, Mo.