DEC 20 1930

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

Do not use this space.

35430

1. PLACE OF DEATH
County Buchanan. Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph (No. 731 Paris Ave. St. Ward)

File No.
Registered No. 1254

2. FULL NAME Female Augustine
(a) Residence. No. 731 Paris Ave. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): November 20, 1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
0	0	2	

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

9. BIRTHPLACE (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER: Harry Augustine
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Savannah
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER: Elizabeth Noble
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nodaway
(STATE OR COUNTRY) Missouri

14. INFORMANT Harry Augustine
(Address) 731 Paris Ave.-St Joseph Mo.

15. FILED NOV 24 1930, 19 John G. Ut REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): November 22 19 30

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 19 30 to Nov. 22, 19 30 that I last saw her alive on Nov 22, 19 30 and that death occurred, on the date stated above, at 10/30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
158 Mal Nutrition
160 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ✓
0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) B W Foothaker, M. D.
Nov. 22, 19 30 (Address) P & S. Bldg.

*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: Ashland Cemetery
DATE OF BURIAL: Nov. 22 19 30

20. UNDERTAKER: H. O. Sidenfaden
ADDRESS: 1802 Union St.

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.

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