

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

Do not use this space.

24616

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... (No. Emancipation Hosp.) Registered No. 6755 Ward 2

2. FULL NAME

Mattie Austin
(a) Residence. No. 1105 N. Glasgow St. W Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. 11 mos. 27 ds. How long in U.S., if of foreign birth? 1884 yrs. 11 mos. 27 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 17, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 8 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home wife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ark. (STATE OR COUNTRY) 2

PARENTS

10. NAME OF FATHER James Young
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lithia Carson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miss. (STATE OR COUNTRY)

14. INFORMANT Willie B. Harris (Address) 1105 N. Glasgow

15. FILED July 23 1932 W. E. Starks REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1932

I HEREBY CERTIFY, That I attended deceased from July 14 1932 to July 14 1932, 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at....., 1932.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Uterus
48 (duration) 48 yrs. 0 mos. 0 ds.
CONTRIBUTORY (SECONDARY) 48 (duration) 0 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY? Yes.....

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) G. W. Kerney M.D.
19 7/15 (Address) Dep. Comm

*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 Father's Burial Cem DATE OF BURIAL July 23 1932

20. UNDERTAKER Independent Burial ADDRESS 2632 Lucas

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.

