

AUG 11 1936

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

Do not use this space.

31905

## 1. PLACE OF DEATH

County Pemiscott Registration District No. 1099  
Township I. Mi. E. Wardell Primary Registration District No. 5868  
City Wardell (No.     ),      St.      Ward     

2. FULL NAME Smith B. Austin

(a) Residence, No. Wardell, Mo. 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 Male 4. COLOR OR RACE Negro 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) May 1900

7. AGE YEARS 36 MONTHS 3 DAYS      If LESS than 1 day, .....hrs. or .....min.

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

13. NAME Harrison Austin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

15. MAIDEN NAME Eliza Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT Granberry Austin, brother (ADDRESS)     

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell DATE Aug 4 '36

19. UNDERTAKER Hubert Bivans (ADDRESS) Wardell, Mo

20. FILED Aug 8 '36 J.R. Creamer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 36 '19

22. I HEREBY CERTIFY, That I attended deceased from July, 30, 1936 to Aug. 1, 36 19    

I last saw him alive on Aug. 1st, 36 19     Death is said to have occurred on the date stated above, at 7 A.m.

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

Acute Pernicious Malaria July, 20, '36

Other contributory causes of importance:

Acute Nephritis

Name of operation None Date of     

What test confirmed diagnosis? Clinical only Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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) G. G. Reeder M. D.  
Post Office, Wardell, Mo. (Address)

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.

