

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.

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

Do not use this space.

FEB 15 1937

309

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH, MO.

Registration District No. 85
Primary Registration District No. 1001
(No. MO. METH. HOSPITAL

File No.
Registered No. 108
St. Ward

2. FULL NAME ROY LANE AUSTIN

(a) Residence, No. 104 SOUTH 15TH ST., St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 24, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LIVE STOCK COM. CO.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AUSTIN-HOOVER
LIVE STOCK COM. CO.
10. Date deceased last worked at this occupation (month and year) JAN. 29, 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WOODSTOCK, ILLINOIS 2

13. NAME ADELBERT L. AUSTIN

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

15. MAIDEN NAME NELL VAN CAREN

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

17. INFORMANT MRS. GEORGIA AUSTIN (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK CEM. DATE FEB. 1, 1937

19. UNDERTAKER FLEEMAN & SON INC. (ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED Jan 31, 1937 H. J. Hallett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 29 1937 Viewed

22. I, J. B. CERRY, M.D., That I attended deceased from Jan 30th 1937, 19, to, 19.

I last saw him alive on, 19. Death is said to have occurred on the date stated above, at 4:00 P. M.

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

Acute Coronary Thrombosis

Date of onset 1/26/37

Other contributory causes of importance none

Name of operation History Date of What test confirmed diagnosis? Was there an autopsy? 7/20

23. 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 to Padlock Coroner L. M. D. (Address) St. Joseph Mo.

