WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importan

REC'D MAY 11 1939

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

Do not use this space.

14293

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township Washington — Primary Registration District No. 1001 — Registered No. 416
City St Joseph (No. Mo Meth Hospital St. Ward)

2. FULL NAME Armiddie May Austin (Austin)
(a) Residence, No. Mo Hospital St., Ward. Mound City, Mo. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 16, 1882

7. AGE: YEARS 57 — MONTHS 0 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House surf
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): Craig Mo.

FATHER
13. NAME: Thos William Stovall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): (Tenn) Ill

MOTHER
15. MAIDEN NAME: Harriet Ann Warren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): (Tenn) Ill

17. INFORMANT (ADDRESS): G. D. Stovall, Uniden Star Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound City Mo DATE 4/17 1939

19. UNDERTAKER (ADDRESS): W H Crawford, Mound City Mo.

20. FILED 4/18 1939 H J Nettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1939, to Apr 17, 1939
I last saw her alive on Apr. 17, 1939. Death is said to have occurred on the date stated above, at 4:05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute thyrotoxic sis-	4-14-39
post operative shock	4-14-39
Congestive heart failure	4-16-39

Other contributory causes of importance:

Adenoma thyroid	30 yrs.
Chronic Fibrillation	1 yr.

Name of operation Thyrodectomy Date of 4-14-39
What test confirmed diagnosis? Lab. Was there an autopsy? No.

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
(Signed) H. S. Conrad, M. D.
(Address) St Joseph, Mo.