

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

Do not use this space.

25314

1. PLACE OF DEATH

5 County Barry Registration District No. 1168
Township Wheaton Primary Registration District No. 3042 F
City Wheaton (No. _____) St. _____ Ward _____

File No. _____
Registered No. 19

2. FULL NAME

Silas Mc Donald Austry
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred, 19 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leona Austry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1860
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 11 15

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

13. NAME Archibald Austry

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

15. MAIDEN NAME Nancy Weise

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

17. INFORMANT Leona Austry
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Rocky Comfort, Mo.
DATE Aug 31, 1932

19. UNDERTAKER Belka Personal Home
(ADDRESS) Wheaton, Mo.

20. FILED Sept 1, 1932 E. Edmondson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 4:00 AM, 1932, to Aug. 29, 7:30 AM, 1932
I last saw him alive on Aug. 29, 1932. Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Ruptured Gastric Ulcer Date of onset Aug 27
11 PM 117 A

Other contributory causes of importance: Chr. Gastric Ulcer

Name of operation None Date of _____

What test confirmed diagnosis Physical Exam 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? _____
If so, specify _____

(Signed) Chas. Poor M. D.

(Address) Wheaton, Mo.

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.

SEP 7 1932

