JAN 4 1928

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

Do not use this space.

33262

1. PLACE OF DEATH
County Grune
Township Sa Franklin
City Springfield (No. R 4 D No 1 St. Ward)
Registration District No. 322
Primary Registration District No. 5446
File No.
Registered No. 322

2. FULL NAME Washington Houck
(a) Residence. No. R 4 D No-1 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 M
4. COLOR OR RACE W.
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. 5 - 1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
77	2	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

PARENTS
10. NAME OF FATHER M. Houck
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina
12. MAIDEN NAME OF MOTHER Rebecca E.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT
(Address) Springfield R 4 D 1

15. FILED Nov 6, 1927 John Klingner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/5 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 7P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
8 2 A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 74 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Jewell E. Windle Coroner, M.D.
11/6, 1927 (Address) Springfield Mo

*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 Cedar Bluff Cemetery
DATE OF BURIAL Nov 6 1927

20. UNDERTAKER J W Klingner & Co.
ADDRESS Springfield

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.