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 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.

9022

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kaw — Primary Registration District No. — Registered No. 7795
City Kansas City (No. Kansas City General Hosp. St. Ward)

2. FULL NAME Houston Harry E.
(a) Residence. No. Dyer Hotel 9th & Oak St. Ward. 2
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 3 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~~ Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha D Houston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 25-1875

7. AGE: Years 52 | Months 5 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) Washington
(STATE OR COUNTRY) D.C.

PARENTS
10. NAME OF FATHER Samuel Houston
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ? Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Georgiana Reed
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Va

14. INFORMANT Record Clerk
(Address) K. C. General Hosp.

15. FILED 3-17, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

(101)

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-16 1928

17. I HEREBY CERTIFY, That I attended deceased from 1-28, 1928, to 3-16, 1928, that I last saw him alive on 3-16, 1928, and that death occurred, on the date stated above, at 11:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
578
101 A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Arthritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) P E Williams, M. D
3-17, 1928 (Address) Supt K.C. Genl Hosp.

*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: Parsons Ks. — DATE OF BURIAL: Mar 17 1928

20. UNDERTAKER: D W Newcomer's Sons — ADDRESS: 411 E 9th St

FEB 15 1951
OCT 20 1950