

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

Do not use this space.

22718

**1. PLACE OF DEATH**

County Schuyler

Registration District No. 309

Township 1

Primary Registration District No. 4484

City Lancaster (No. ....)

File No. ....  
Registered No. 8 St. .... Ward)

**2. FULL NAME**

John Carl Hounson  
(a) Residence No. .... St. .... Ward. ....  
(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**

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

Mattie Hounson

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Oct 12, 1871

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

56

8

15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Grocery Clerk

(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)

Lancaster Mo.

**10. NAME OF FATHER**

Walter Hounson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mich

**12. MAIDEN NAME OF MOTHER**

Francis Bradley

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Not known

**INFORMANT**

(Address)

Mrs J. C. Hounson  
Lancaster Mo

FILE NO. 19. 22-11

W. J. Justice  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

June 28 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from .....

....., 19..... to ..... 19.....  
that I last saw him alive on June 29, 1928, and that death occurred, on the date stated above, at about 1 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1. Angina Pectoris  
Had general attack which attended him (duration) yrs. mos. ds.  
did not see him (SECONDARY) in last attack (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) J. J. Drake, M. D.

, 19 (Address) Lancaster 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**

**DATE OF BURIAL**

I.O.O. F Cemetery June 29, 1928

**20. UMBERTAKER**

**ADDRESS**

Wm. A. Roberts Lancaster

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

