

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

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township New Primary Registration District No. 29062
 City Kansas City (Not full of Inter-City product) Registered No. 27245
 St. Mo. Ward 2220

2. FULL NAME Ora Albert Housh
 (a) Residence No. 13 W. 6 St. 1 Ward 1
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 - 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 | 3 | 1 | | |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Grinder, Car tracks
 (b) General nature of industry, business, or establishment in which employed (or employer) Kansas City Public Service Co.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Newton, G.
 (STATE OR COUNTRY) Diamond Mo.

10. NAME OF FATHER James Housh

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Susan Randol

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
 (STATE OR COUNTRY) Monita Co. Mo.

14. INFORMANT Charles W. Housh
 (Address) Blue Jacket Okla

15. FILED 6 28 1928 M. M. Crow
 REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 5 1928
 17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 1928, to 10, 1928, that I last saw h. alive on 10, 1928, and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental death of skull

CONTRIBUTORY (SECONDARY) Found on Railroad track
1880

18. WHERE WAS DISEASE CONTRACTED Ill.
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) Deputy Coroner, M. D.
9.5, 1928 (Address)

*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 Granby Mo. DATE OF BURIAL 8-9, 1928

20. UNDERTAKER Eylar Funeral Home ADDRESS 1800 Quivwood

WITH FADING 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.

