WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD NOV 1 1928

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.

31594

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 311

City Koch (No. ..... St. ..... Ward)

2. FULL NAME Thomas Houston, Jr.

(a) Residence. No. 2942 Lawton St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred x yrs. 1 mos. 28 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 4 1919

7. AGE: Years 8 — Months 10 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School child 51
(b) General nature of industry, business, or establishment in which employed (or employer): 24A
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pacific, Missouri

PARENTS
10. NAME OF FATHER: Thomas Houston
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: R. Koch Hospital Records
(Address) Koch, Mo.

15. FILED Sept. 16, 1928 L. C. Obrock M.D. REGISTRAR

4

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1928, to Sept. 16, 1928, that I last saw him alive on Sept. 16, 1928, and that death occurred, on the date stated above, at 3 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculous Spondylitis; Tuberculous Meningitis; Pulmonary Tuberculosis

About (duration) x yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Compression Myelitis

About (duration) x yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed) R. L. Ehrlich M.D.
9/16/28 (Address) Koch Hospital

*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: Pacific Mo.
DATE OF BURIAL: Sept. 19 1928

20. UNDERTAKER: Elmer G. Pettis
ADDRESS: 3030 Bell Ave.