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

Do not use this space.

32163

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

File No.....

City St Louis (No. 4816 St Louis Ave St.) Registered No. 9465 Ward)

2. FULL NAME William P. Houghton

(a) Residence. No. 4816 St Louis Ave St. 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 26 - 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	8	27	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Joseph Houghton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Davenport

(STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Esther White

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

(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. Joseph Houghton

(Address) 4816 St Louis Ave

15. SEP 21 1928 Filed....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 23 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 10th, 1928, to Sept 23, 1928, that I last saw him alive on Sept 22, 1928, and that death occurred, on the date stated above, at 10.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation Chronic

9/24

9/24 (duration) unable to say yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(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) Peter A Eck, M. D

9/24, 1928 (Address) 4701 St Louis Ave.

*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 Memorial Park — DATE OF BURIAL 9-26 1928

20. UNDERTAKER Geo. L. Fleitsch — ADDRESS 5966 Easton Ave

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.