Va 3384

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

Do not use this space.

36935

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4584
Township Kaw — Primary Registration District No. 10 — Registered No. 4584
City Kansas City (No. 7546 1/2 Indiana St. Ward)

2. FULL NAME George M. Housand
(a) Residence. No. 7546 1/2 Indiana St., 11 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 14 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: Carrie M. Housand

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 16, 1865

7. AGE: Years 63 — Months 2 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Barber 5 7 0
(b) General nature of industry, business, or establishment in which employed (or employer): 9 7 8
(c) Name of employer: 1 9 9

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

PARENTS
10. NAME OF FATHER: Noah Housand
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana

14. INFORMANT: Carrie M. Housand
(Address) 7546 1/2 Indiana

15. FILED 11/14, 1928 M. M. Crowe Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 12, 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1928, to Nov 11, 1928, that I last saw him alive on Nov 12, 1928, and that death occurred, on the date stated above, at 6 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Fatty degeneration of heart with Nephritis History of diabetes (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Infection from teeth (duration) 2 yrs. mos. ds.

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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 Urinalysis
(Signed) A. Still Craig, M.D.
11/13, 1928 (Address) 3030 Tracy

*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: Mt Washington — DATE OF BURIAL: 11/14/1928

20. UNDERTAKER: Freeman Mortuary — ADDRESS: 104 W 42

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.

30.30 Trady
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