

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

Do not use this space.

39654

1. PLACE OF DEATH

County Benton
Township White
City Lincoln

Registration District No. 60
Primary Registration District No. 4035

File No. _____
Registered No. 288
St. _____ Ward _____

2. FULL NAME William Bassett Houser

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Ann Houser</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 7, 1852</u>		
7. AGE <u>77</u>	YEARS <u>5</u>	MONTHS <u>8</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Painter</u>		(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1929, to Dec 15, 1929, that I last saw him alive on Dec 14, 1929, and that death occurred, on the date stated above, at 3:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

CONTRIBUTORY (SECONDARY)

7401

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) S. O. Stratton, M. D.
(Address) Lincoln

*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.

9. BIRTHPLACE (CITY OR TOWN) Kirkwood
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Charles Houser

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Mary Ann Dapington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Missouri

14. INFORMANT Sara Arnold
(Address) 207 W. 3rd Sedalia Mo

15. FILED Jan 10 1930
Ed. L. Rhodes
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lincoln Cem. DATE OF BURIAL Dec 17 1929

20. UNDERTAKER J. B. Albert ADDRESS Lincoln Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S judgment state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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