

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

Do not use this space.

40833

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 5240  
 Township Kearney Primary Registration District No. 002 Registered No. 5240  
 City Kansas City St. 2911 Olive Ward

**2. FULL NAME**

Eud Mae Houston  
 (a) Residence. No. 2911 Olive St. 11 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
59 3 9

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

9. BIRTHPLACE (CITY OR TOWN) Lockport  
 (STATE OR COUNTRY) N.Y.

10. NAME OF FATHER Dr. John Hoak

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

12. MAIDEN NAME OF MOTHER Mary Jane Scott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N.Y.  
 (STATE OR COUNTRY)

14. INFORMANT Antone Houston  
 (Address) 2911 Olive

15. FILED 120 19 29 M. M. Brown REGISTRAR  
Ans

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1929, to Dec 19, 1929, that I last saw her alive on Dec 19, 1929, and that death occurred, on the date stated above, at 2:48 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary metastasis carcinoma  
(metastatic)  
48  
47 B (duration) yrs. 3 mos. - ds.  
 CONTRIBUTORY uterine carcinoma  
 (SECONDARY) (duration) 1 yrs. 8 mos. - ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS, histological findings uterine  
 (Signed) Ottobear Hoffman M. D.  
12-20-1929 (Address) 1235 W. 13th St

\*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 Int Moriah DATE OF BURIAL Dec 21 1929

20. UNDERTAKER S. H. Newcomer's Son ADDRESS 1235 W. 13th St

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.

1235 <sup>11</sup>Paris Bldg.  
Vic. 2966  
3-5.