

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

Do not use this space.

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28837-A
File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH *Forest mo.*
County *Forest mo.* Registration District No. *1157*
Township _____ Primary Registration District No. *4588*
City *Forest mo.* No. _____ St. _____ Ward _____

2. FULL NAME *Charles W. Houghouse*
(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 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 *Abigail Houghouse*
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 3-1862*
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 0 13
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *R.R. Man*
(b) General nature of industry, business, or establishment in which employed (or employer) *Eng. of Iron*
(c) Name of employer _____
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bushville, Ill*
10. NAME OF FATHER *Unknown*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
12. MAIDEN NAME OF MOTHER *Unknown*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
14. INFORMANT (Address) *Mr. Charles Young house Cape Girardeau mo.*
15. FILED *8-21-30* REGISTRAR *H. A. Barman*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug. 20 1930*
17. I HEREBY CERTIFY, That I attended deceased from *May 4 1930* to *Aug 19 1930* that I last saw *alive* on *Aug 12 1930*, and that death occurred, on the date stated above, at *12-30 a.m.*
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
510 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) *510* (duration) _____ yrs. _____ mos. _____ ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? *M* DATE OF _____
WAS THERE AN AUTOPSY? *M*
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *J. J. O'Brien* M. D.
B-21 1930 (Address) *Ill. mo.*
*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 *Cape Girardeau* DATE OF BURIAL *8-22-1930*
20. UNDERTAKER *Al. Brinkoff* ADDRESS *Cape Girardeau mo.*

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.

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