

NOV 3 1930

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

Do not use this space.

33324

1. PLACE OF DEATH

County Losper
Township Losper
City Losper Mo.

Registration District No. 416
Primary Registration District No. 4248

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

2. FULL NAME Mrs. Nancy Houston

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 11th 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House Wife
(b) General nature of industry, business, or establishment in which employed (or employer). Home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER Edwards
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

14. INFORMANT Mrs. Hugh Houston
(Address) Losper, Mo.

15. FILED Oct 11, 1930 Henry Simmons
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-11-1930

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1930 to Oct 9, 1930 that I last saw him alive on Oct 7, 1930 and that death occurred, on the date stated above, at 1:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralytic followed by cerebral hemorrhage
297
000 (duration) yrs. 6 mos. 0 ds.

CONTRIBUTORY (SECONDARY) 740
(duration) yrs. 0 mos. 0 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) J. W. Boyer M.D.
10/11, 1930 (Address) Sarasota, 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 Losper Mo. DATE OF BURIAL 10-11-1930

20. UNDERTAKER R. F. Taylor ADDRESS Losper, 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.

