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.

JAN 22 1931

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

Do not use this space.

1. PLACE OF DEATH
County St Francois — Registration District No. 774
Township [illegible] — Primary Registration District No. 6018B
City ..... (No. ..... St. ..... Ward)

File No. 163 37 197-A
Registered No. .....

2. FULL NAME Ophelia Nevada Houston
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16-1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	3	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co Mo

PARENTS
10. NAME OF FATHER Robert Howard Houston
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Noxville Tenn
12. MAIDEN NAME OF MOTHER Missouri Ohio Vaughn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co Mo

14. INFORMANT E T Houston
(Address) Flat River Mo

15. FILED Dec 30, 1930 W J Bryan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/23 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-18, 1930, to 11-23, 1930 that I last saw her alive on 11/18, 1930, and that death occurred, on the date stated above, at 11 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Atrophic Cirrhosis
Liver
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 122 B1
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) C B Farrar M. D.
11/24, 1930 (Address) Flat River 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 Houston Cemetary
DATE OF BURIAL 11/26 1930

20. UNDERTAKER L J Jonas Steelville Mo
ADDRESS