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.

APR 27 1931

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

Do not use this space.

2628-a

1. PLACE OF DEATH

County St Charles — Registration District No. 757 — File No.

Township — Primary Registration District No. 3036 — Registered No. 33

City St Charles (No. 403, South Main St. Ward)

2. FULL NAME Nanetta May Housman (HAUSMAN)

(a) Residence, No. 403 S Main St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
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): January 18-1931

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles Mo

FATHER

13. NAME: Clarence Housman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Heronbleau Mo

MOTHER

15. MAIDEN NAME: Erna Monroe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hawk Point, Mo

17. INFORMANT (ADDRESS): Clarence Housman 403 S Main St. St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hawk Point Mo DATE Jany 19 1931

19. UNDERTAKER (ADDRESS): H Dullmeyer & Sons 60 500 N. 2nd St.

20. FILED 3/12 1931 Hy. G. Bloebaum Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1931, to Jan 18, 1931

I last saw her alive on Jan 18, 19..... Death is said to have occurred on the date stated above, at 11 45 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Congenital Malformation.
Brachial fissure extending into Brain

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Inspection Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A P Erich Schulz, M. D.

(Address) St Charles Mo.