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.

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

Do not use this space.

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 41800
Township Longwood — Primary Registration District No. 5898 — Registered No. 348
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Herbert Allen Houchen

(a) Residence, No. ..... 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. 1 mos. 7 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7-1931

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Houstonia Mo

FATHER
13. NAME Clarence Houchen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houstonia Mo

MOTHER
15. MAIDEN NAME Pearl L. Hourle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arrow Rock Mo

17. INFORMANT (ADDRESS) Clarence Houchen Houstonia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Houstonia DATE Dec 15 1931

19. UNDERTAKER (ADDRESS) W. C. Westrook Houstonia Mo

20. FILED 12-15 1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14 - 1931, to Dec. 14 - 1931
I last saw him alive on Nov. 9 - 1931. Death is said to have occurred on the date stated above, at 3:00 P.m.
The principal cause of death and related causes of importance were as follows:

Suffocation - Accidental 10:00 L.P.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 12/14 1931
Where did injury occur? Houstonia Mo. R.F.D. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in Home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. D. Prowell, M. D.
(Address) Longwood Mo

Longwood Mo. 2/11 - 1932

Dr J. G. Lane
Bedalia Mo.
Dear Doctor -

As to the cause of death of Herbert Allen Hauchen - infant - son of Clarence Hauchen, the mother - an invalid - said to have had a stroke of paralysis some 2 or 3 years ago and not able to take care of herself properly was left alone with the baby and a little daughter some 6 or 7 years of age. The mother became ill, and the little girl ran to a neighbor near by for help. When the neighbor arrived at the home, she found the Mother unconscious - in a convulsion and with the lifeless baby tightly clasped in her arms -

I visited the mother later in the evening - found her with a high temperature constipated bowel - no bowel movement for several days - and a history of having had an unusually good apetite ever since her confinement, Hence my conclusion - That she was suffering from intestinal absorption - causing the high temperature and convulsion; during ~~with~~ which she unknowingly and accidentaly squeezed the life out of the baby -

over

a fact that I advised on account of her mental condition and general poor health - he left from here.

I have written you this extended history of the case because I did not know how to explain it in fewer words -

Yours Truly
J. D. Powell

1931
S(2) - 41800

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Pettis
Township Longwood
City ..... (No. ..... St. ..... Ward)

Registration District No. 668
Primary Registration District No. 3898

File No. .....
Registered No. 348

2. FULL NAME Herbert Allen Houchen

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	S

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

17. INFORMANT .....
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19

19. UNDERTAKER .....
(ADDRESS)

20. FILED 12-15, 1931 J. G. Love
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation	
accidental	

Other contributory causes of importance:
Mother was ill and had convulsion and while in convulsion had baby in her arms and accidentally suffocated baby to death

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident 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? .....
If so, specify .....
(Signed) ....., M. D.
(Address) .....

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW