

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

Do not use this space.

712

1. PLACE OF DEATH

38 County Montgomery Registration District No. 314
6 Township _____ Primary Registration District No. 4190
2 City Stonington MO (No. _____) St. _____ Ward _____

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

Laura Aphelia 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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF John Houston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25 - 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 0

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Whitesville MO

FATHER
13. NAME Dr. Archer D. Saunders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
15. MAIDEN NAME Charindy HUNT

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Willis Chapman
Stonington MO R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stonington DATE 1-3-37

19. UNDERTAKER (ADDRESS) W. H. Phillips
Stonington MO

20. FILED 1/2 1931 D. S. Berner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 to Jan 1, 1931
I last saw h. u. alive on Jan 2, 1931. Death is said to have occurred on the date stated above, at 2:30 m.
The principal cause of death and related causes of importance were as follows:

Hostile myocardial
Diabetes Mellitus
Date of onset _____

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? 2 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 1
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. H. Phillips, M. D.
(Address) Stonington MO

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.

1931 24 1932

Dr. S. E. Langford