

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

Do not use this space.

2549

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 500B
 City St. Louis, Mo. (No. City Hospital #2)

File No.
 Registered No. 242
 St. Ward)

2. FULL NAME

Hattie Houston
 (a) Residence, No. 146 a St. Judeau St., 1 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Roy Houston</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-24-1893</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>10</u>
	DAYS <u>10</u>	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. <u>Wich 235</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>17</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gen</u>		
FATHER	13. NAME <u>Tommy Bats</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gen</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gen</u>	
17. INFORMANT <u>Gertrude Greath #2</u> (ADDRESS) <u>City Hospital #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>1-8</u> , 19 <u>32</u>		
19. UNDERTAKER <u>Dement - son</u> (ADDRESS) <u>2700 Wash St</u>		
20. FILED <u>1-11-32</u> <u>Ray E. Parker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1931, to 1-4-, 1932
 I last saw her alive on 1-4, 1932. Death is said to have occurred on the date stated above, at 12:45 m.
 The principal cause of death and related causes of importance were as follows:
Intestinal Tuberculosis
Other contributory causes of importance:
Postoperative Peritonitis
Stomach

Name of operation Gysectomy Date of 1-7-32
 What test confirmed diagnosis? ward of uterus (in relation) Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 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 Stomach
 (Signed) Harry E. Davenport M. D.
 (Address) City Hospital #2

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.

