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.

MAR 21 1932

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 3789

Township — Primary Registration District No. 1001 — Registered No. 141

City St.Joseph, (No. 1904 So.24th.St. St. Ward)

2. FULL NAME Ralph Van Houtenn

(a) Residence, No. 1904 So.24th.St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jessie King Van Houten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec,31,1876

7. AGE: YEARS 55 — MONTHS 1 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treasurer of Philley Avd.Co. 259
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) Feb,12,1932
11. Total time (years) spent in this occupation 4 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lawrence, Kansas 2

FATHER

13. NAME: J.L.Van Houten
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31 Unknown

MOTHER

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

17. INFORMANT (ADDRESS): Mrs.Jessie K.Van Houten 1904 So.24th.St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem DATE Feb,15,1932 19

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED 2-14- 1932 John R Gander Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb,13,1932 , 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1932, to Feb 13, 1932

I last saw him alive on Feb 13, 1932 Death is said to have occurred on the date stated above, at 10.00 A.M.

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

	Date of onset
Angina Pectoris	2/13/32
94B	
11B 94a	

Other contributory causes of importance: (1)

Influenza	Feb 10 32

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? — 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) H. S. Forgrave, M. D.

(Address) Tootle Bldg, St.Joseph,Mo.