

WHITE PLAIN, WITH UNFADING INK—THIS IS A REQUIREMENT. 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.

13431

1. PLACE OF DEATH

77 County Ozark  
Township Payor  
City (No. \_\_\_\_\_)

Registration District No. 6 X 7

Primary Registration District No. 5757

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Tessie Louella Houser

(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

Fem.

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Geo. H. Duncan

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

May 1 1875

7. AGE

56

YEARS

11 MONTHS

24 DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work

Housekeeper

(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

235

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Fort Wayne

(STATE OR COUNTRY)

Ind

2

10. NAME OF FATHER

Isabod Houser

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ohio

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Ida Tillman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ind

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Geo. H. Duncan  
Elijah, Mo.

15.

FILED

4-26-32 C. A. Beach

REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 25 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr 25 1932 to Apr 25 1932

that I last saw her alive on Apr 18 1932, and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Apoplexy  
2nd stroke.

82A

(duration) yrs. mos. ds. 30 or 40 minutes

CONTRIBUTORY

(SECONDARY)

Paralytic stroke

one yr before

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

① DID AN OPERATION PRECEDE DEATH? no

DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

C. A. Beach

M. D.

4-26-32 (Address) Elijah, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Marshall Cemetery

4-27 1932

20. UNDERTAKER

Geo Rogers

ADDRESS

Elijah  
Ind

