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.

MAY 23 1932

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

Do not use this space.

15438

1. PLACE OF DEATH

13 County Caldwell, Registration District No. 97 File No.

5 Township Kidder, Primary Registration District No. 4059 Registered No. 6

1 City Kidder (No. , St. Ward)

2. FULL NAME Catharine Housel,

(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. 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 White,

5. [redacted] WIDOWED, OR (write the word) Widowed,

5A. IF [redacted] WIDOWED, [redacted] (OR) WIFE OF Peter A. Housel,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October-16"-1847

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
84	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work,

10. Date deceased last worked at this occupation (month and year) Jan.-1932

11. Total time (years) spent in this occupation 70-yrs.

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

FATHER

13. NAME George Zentz,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland,

MOTHER

15. MAIDEN NAME Susan Reed,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland,

17. INFORMANT (ADDRESS) H. A. Housel Buckenridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kidder Cemetery DATE May-4th.-1932

19. UNDERTAKER (ADDRESS) E. P. Michael Braymer Mo.

20. FILED May 3, 1932 H. F. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1932, to May 2, 1932

I last saw her alive on May 2, 1932. Death is said to have occurred on the date stated above, at 9.05 P.m.

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

	Date of onset
Chronic Myocarditis	?
93	

Other contributory causes of importance: Acute Nephritis

(1)

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

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) R. M. Gordon, M. D.

(Address) Kidder Mo.