

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

Do not use this space.

19920

1. PLACE OF DEATH
50 County Jefferson Registration District No. 421
Township Poplar Primary Registration District No. 5575
City Crystal City (No. _____) St. _____ Ward _____

2. FULL NAME Isabella Houghton
(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 47 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Houghton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 6 1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>78</u>	<u>3</u>	<u>11</u>	

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

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) England. 8

13. NAME Wm S Drift

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

15. MAIDEN NAME Margaret S later

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

17. INFORMANT (ADDRESS) Chas. Houghton
Crystal City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lucas-Evans Cem. DATE June 19 1932

19. UNDERTAKER (ADDRESS) Wm F. Barnhart
Crystal City Mo

20. FILED 6/18 1932 J. K. Rutledge
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 15 1930 to June 17 1932
I last saw her alive on June 10 1932 Death is said to have occurred on the date stated above, at 100 m.
The principal cause of death and related causes of importance were as follows:
Chronic Cardiac Insufficiency Date of onset unknown
9513
Other contributory causes of importance:
JTB

23. If death was due to external causes (violence), fill in also the following:
Name of operation thorax Date of _____
What test confirmed diagnosis? _____ 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) J. K. Rutledge, M. D.
(Address) Crystal City 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.

MM 25 1932 JUN 25 1932

