

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

6471

1. PLACE OF DEATH

County MarionRegistration District No. 547Township MasonPrimary Registration District No. 3079City Hannibal(No. 416, Pine)File No. 49

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Leonard Franklin Van Houten(a) Residence, No. 416 Pine

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

male

4. COLOR OR RACE

white

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

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

X

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

July 17, 1912

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

20618

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.

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)

Knox City Missouri

FATHER

13. NAME

Pierce Van Houten

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

Pike Co. Missouri

MOTHER

15. MAIDEN NAME

Lulu V. De Long

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

Hannibal Missouri

17. INFORMANT (ADDRESS)

Pierce Van Houten, Father

18. BURIAL, CREMATION, OR REMOVAL

Mr. OliverDATE February 8, 1933

19. UNDERTAKER (ADDRESS)

Wm. M. Smith, 232 Brady Hannibal, Mo.

20. FILED

Feb 8 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 5, 1933

22. I HEREBY CERTIFY that I attended deceased from

about Sept. 1932 to Feb. 1933I last saw him alive on Jan 31, 1933 Death is saidto have occurred on the date stated above, at 3:10 p.m.

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

Pulmonary Tuberculosis about 193123A

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) E. R. Motley, M. D.(Address) Hannibal, Mo.

