

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

Do not use this space.

**1. PLACE OF DEATH**

County Howard  
Township Prairie  
City Arresting, Mo. (No. \_\_\_\_\_)

Registration District No. 376  
Primary Registration District No. 4270

File No. 19562  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Tony Hillard Houston  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1920

| 7. AGE | YEARS     | MONTHS   | DAYS      | If LESS than 1 day, hrs. min. |
|--------|-----------|----------|-----------|-------------------------------|
|        | <u>13</u> | <u>1</u> | <u>26</u> |                               |

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

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) Forest Green Mo

13. NAME Ed Houston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forest Green Mo

15. MAIDEN NAME Rena White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forest Green Mo

17. INFORMANT Ed Houston  
(ADDRESS) Arresting, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Green DATE June 29, 1933

19. UNDERTAKER A. W. Oldaker  
(ADDRESS) Arresting Mo

20. FILE June 28, 1933 W. M. Dickerson  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1933

22. I HEREBY CERTIFY, that I attended deceased from June 27, 1933, to June 27, 1933.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 1 p. m.

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

Accident;  
Heart Sick;  
fractured skull

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Examination Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 6-29, 1933

Where did injury occur? my home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell on head

Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. E. Richardson, M. D.

(Address) Forest Green 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.

JUN 22 1933

