

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.

JUL 23 1933

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

Do not use this space.

20716

1. PLACE OF DEATH
 County Pike Registration District No. 689
 Township Buffalo Primary Registration District No. 5017
 City Walnut Grove No. 7 St. _____ Ward _____

2. FULL NAME Mrs. Chas. Mary Ellen Houchins
 (a) Residence, No. Walnut Grove 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.

File No. _____
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas. Houchins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4 - 1864</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>11</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Pike Co Mo</u>		
FATHER	13. NAME <u>Joseph Humphrey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mrs. Susan Zumbach</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Glenn Humphrey</u> <u>Rt 2 Louisiana Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walnut Grove Co</u> DATE <u>6/28</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>J. H. Haly</u> <u>Louisiana Mo</u>		
20. FILED <u>6/27</u> 19 <u>33</u> <u>J. H. Haly</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26 1933

22. I HEREBY CERTIFY, That I attended deceased from June 22 1933, to 6/26 1933
 I last saw her alive on 6/26 1933 Death is said to have occurred on the date stated above, at 9:00 a.m.
 The principal cause of death and related causes of importance were as follows:
'Flu'
930
110
930
930

Other contributory causes of importance:
Myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) J. H. Hetherington M. D.
 (Address) Louisiana Mo

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on the
 subject of the above-captioned tract of land.

The tract of land described in the above-captioned instrument
 is situated in the County of [County Name], State of [State Name],
 and is more particularly described as follows:

[Detailed description of the land tract, including acreage, location, and any relevant survey information.]

The above-described tract of land is owned by [Owner Name],
 who is the holder of the title to the same.

The above-captioned instrument was duly recorded in the
 office of the County Clerk of the County of [County Name],
 State of [State Name], on the [Date] day of [Month], 19[Year].

In testimony whereof, the County Clerk has hereunto set his
 hand and the seal of the County of [County Name], State of
 [State Name], at [City/Town], on the [Date] day of [Month], 19[Year].

[Signature of County Clerk]

