

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

Do not use this space.

**1. PLACE OF DEATH**

County Marion Registration District No. 547  
 Township Mason Primary Registration District No. 3079  
 City Hannibal (No. 625 H. Broadway) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 30258  
 Registered No. ✓86

**2. FULL NAME**

Margaret Houchins  
 (a) Residence, No. 625 H. Broadway St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas F. Houchins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24, 1887</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>1</u>	DAYS <u>29</u>
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. <u>At Home</u>		
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>Louisiana Missouri</u>		
13. NAME <u>James Brady</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no data Ireland</u>		
15. MAIDEN NAME <u>Artemissa Perry</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carlton Kentucky</u>		
17. INFORMANT (ADDRESS) <u>Thos. S. Houchins, 625 H. Broadway, Hannibal, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Olivet</u> DATE <u>Sept 25, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Wm M Smith, 902 Brady, Hannibal, Mo.</u>		
20. FILED <u>9-26-1933</u> Registrar. <u>F. White</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1926 to \_\_\_\_\_, 1933  
 I last saw her alive on \_\_\_\_\_, June 9, 1933 Death is said to have occurred on the date stated above, at 11:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Bronchial Asthma Date of onset 1926  
930  
112  
930  
 Other contributory causes of importance:  
major arthritis chronic 1933

23. Name of operation nil 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? no (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. Hardesty, M. D.  
 (Address) Hannibal 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.

OCT 20 1933

V.S. NO. 2

