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.

JAN 4 1934

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

Do not use this space.

36160

1. PLACE OF DEATH

County Franklin, Registration District No. 297

Township Washington, Mo. Primary Registration District No. 3016

City Washington, Mo. (No. ..... St. ..... Ward)

File No. .....

Registered No. 82

2. FULL NAME John Henry Houchens

(a) Residence, No. Marthasville Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred x yrs. 2 mos. x 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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alvina Houchens, (nee Dickhaus)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 12th, 1858.

7. AGE: YEARS 75 MONTHS 8 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) 1930.

11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Defiance, Mo. St. Charles County.

FATHER

13. NAME: Robert Houchens,

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

MOTHER

15. MAIDEN NAME: Hariet Stultz,

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

17. INFORMANT (ADDRESS): Mrs. Eli Riske, Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Paul Evangelical Cemetery. DATE Dec. 1st, 1933.

Marthasville, Mo.

19. UNDERTAKER (ADDRESS): Nieburg & Vitt, Inc. Washington, Mo.

20. FILED Dec. 1 1933 H. A. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1933, to Nov. 28, 1933, 19

I last saw him alive on Nov 28, 1933 Death is said to have occurred on the date stated above, at 4:15P m.

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

Myocarditis, Chronic Unknown

Date of onset

93C

Other contributory causes of importance:

Unknown

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) [signature], M. D.

(Address) Washington, Mo.