

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

Do not use this space.

42390

**1. PLACE OF DEATH**

County Vernon  
Township \_\_\_\_\_  
City Rinehart, Mo. (No. \_\_\_\_\_)

Registration District No. 876  
Primary Registration District No. 6164

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

**2. FULL NAME**

Glenda Anetta Houston

(a) Residence, No. 9 of Rinehart, 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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>Lawrence Houston</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)			
7. AGE	YEARS <u>22</u>	MONTHS <u>1</u>	DAYS <u>9</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>Rinehart, Mo.</u>			
MOTHER	13. NAME <u>R. L. Walker</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Metz, Mo.</u>		
	15. MAIDEN NAME <u>Gertrude Johnson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rinehart, Mo.</u>			
17. INFORMANT (ADDRESS) <u>Mrs. R. L. Walker Metz, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rinehart Cemetery</u> DATE <u>12-10</u> 19 <u>33</u>			
19. UNDERTAKER (ADDRESS) <u>Marah Eichinger Rinehart, Mo.</u>			
20. FILED <u>Dec 15</u> 19 <u>33</u> <u>Matth L. Kuntz</u> Registrar.			

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1933 to Dec 9 1933  
I last saw her alive on Dec 8 1933. Death is said to have occurred on the date stated above, at 6 a. m.  
The principal cause of death and related causes of importance were as follows:  
Acute Nephritis  
Uremic Poisoning  
Other contributory causes of importance: Prepared  
Date of onset 146  
1435

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) N. B. Pierson, M. D.  
(Address) Deerfield, Mo.

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.

15  
1934  
20

OCT 11 1946



S-42390

OCT 11 1949