

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Franklin
 Township
 City Union (No. St. Ward)

Registration District No. 296
 Primary Registration District No. 4180

File No. 12471
 Registered No.

2. FULL NAME Casanbra Zenobia Houseman

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (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.

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>James A. Houseman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 20 1875</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>1</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</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>Washington, Missouri.</u>		
13. NAME <u>Squire Cahill</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington, Missouri.</u>		
15. MAIDEN NAME <u>Mary A. Phelps</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, County, St. Louis, Missouri.</u>		
17. INFORMANT <u>James A. Houseman</u> (ADDRESS) <u>Union, Missouri.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>New Salem Cemetery</u> PLACE <u>Owensville, Mo.</u> DATE <u>4 / 25 1934</u>		
19. UNDERTAKER <u>Wm. H. Horn</u> (ADDRESS) <u>Union, Missouri.</u>		
20. FILED <u>H/27 1934</u> <u>A. M. Marshall</u> Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1932, to April 23 1934
 I last saw her alive on April 21 1934 Death is said to have occurred on the date stated above, at 8:40 a.m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
Hyperension
Hepatitis
Diabetes
 Date of onset 4-20-34

Other contributory causes of importance:
None

Name of operation Ca Date of Ca
 What test confirmed diagnosis? Physical 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) H. Lenny M. D.
 (Address) Union Mo.

N. B.—Every item of information should be carefully supplied. AGE should be in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly
filed. Every item of information should be carefully
checked. STATE OF OREGON DEPARTMENT OF HEALTH

RECEIVED THE FOR

MAY 24 1940

NOV 22 1957

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Franklin
Township _____
City Union (No. _____ St. _____ Ward)

Registration District No. 296
Primary Registration District No. 4180

File No. _____
Registered No. _____

2. FULL NAME

Casonbra Zenobia Houseman
(a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 1 3

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

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.

19. UNDERTAKER (ADDRESS) _____

20. FILED 5/26 1934 A. Marshall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 23 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

apoplexy cerebral
Date of onset _____

Other contributory causes of importance: _____

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) _____, M. D.
(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

legally sup. d. AGE should be stated. OCCUPATION is very important. Exact statement of OCCUPATION is very important.

CAUSE OF DEATH

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