

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

Do not use this space.

15622

1. PLACE OF DEATH

County Jackson
Township Kearney
City Keosauqua

Registration District No. 700

Primary Registration District No. 2

File No. 15622

Registered No. 15622

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

1. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1934

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph E. Houston

2. I HEREBY CERTIFY, That I attended deceased from 4/21/34, 1934, to 5/2/34, 1934.
I last saw him alive on 5/2/34, 1934. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 26 - 1907

to have occurred on the date stated above, at 2:07 pm.
The principal cause of death and related causes of importance were, as follows:

7. AGE YEARS 33 MONTHS 1 DAYS 6 If LESS than 1 day,hrs. ormin.

Acute Ethereal Poisoning?

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

Acute Staphylococcus meningitis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellis, Mo.

Other contributory causes of importance: no

13. NAME Wellis M. Harbison

Name of operation Autopsy Date of 5/2/34
What test confirmed diagnosis Autopsy Was there an autopsy yes

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

15. MAIDEN NAME Bella

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 1934
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT (ADDRESS) Joseph Houston

Manner of injury no
Nature of injury no

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul's Church DATE 5-4-34

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forsman

24. Was disease or injury due to occupation of deceased? no
If so, specify no
(Signed) C. L. Forsman, M. D.
(Address) Keosauqua, Mo.

20. FILED 5-3-34 Registrar.

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.

JUN 19 1934

for 2692. J. M. Houston

