

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.

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

Do not use this space.

1. PLACE OF DEATH
 County Miller Registration District No. 561
 Township Beltone Primary Registration District No. 4330
 City Eldon (No. _____) St. _____ Ward _____

2. FULL NAME Dithula Houze
 (a) Residence, No. Eldon 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.

File No. 33435
 Registered No. 69

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 11th, 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
55 5 18

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
 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) Missouri

MOTHER FATHER
 13. NAME J. A. Timberlake
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.
 15. MAIDEN NAME Isabell Morris
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT John Houze
 (ADDRESS) Eldon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Eldon Cem. DATE Oct. 1st, 1934,

19. UNDERTAKER G. N. Steffens
 (ADDRESS) Russellville, Mo.

20. FILED 9-29 1934 Belle Haynes
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1934, to Sept. 26, 1934
 I last saw h. or alive on Sept. 26, 1934 Death is said to have occurred on the date stated above, at 8. A. m.
 The principal cause of death and related causes of importance were as follows:
Diabetes mellitus Date of onset 1928.
59
59
 Other contributory causes of importance:
Hangrene of left foot

Name of operation _____ Date of _____
 What test confirmed diagnosis? Urim. exam. 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) James W. Allee, M. D.
 (Address) Eldon, Mo.

