

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.

APR -26 1935

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

Do not use this space.

9400

1. PLACE OF DEATH

County Jackson Registration District No. 1007  
Township Kaw Primary Registration District No. 1050  
City Kansas City (No. 6136 Rockhill Rd. St. 1050 Ward)

2. FULL NAME James Morris Houser

(a) Residence, No. 6136 Rockhill Rd. St. 1050 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 29, 1846</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>11</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Groceryman</u>		
10. Data 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>New York</u>		
13. NAME <u>James Houser</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
15. MAIDEN NAME <u>Nancy Wilson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
17. INFORMANT <u>Fred I. Houser</u> (ADDRESS) <u>6136 Rockhill Rd.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Minneapolis, Ks</u> DATE <u>March 30, 1935</u>		
19. UNDERTAKER <u>Freeman Mortuary &amp; Chapel</u> (ADDRESS) <u>104 West 42nd Street</u>		
20. FILED <u>3-29-35</u> <u>M. M. Crowe, asst</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1<sup>st</sup> 1935 to March 28, 1935  
I last saw him alive on Mar 27, 1935 Death is said to have occurred on the date stated above, at 10 P. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis Date of onset 2-12-35  
Intermittent  
Chronic Myocarditis 2-12-35

Other contributory causes of importance:  
None

Name of operation None Date of None  
What test confirmed diagnosis? Chronic Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury 2-12-35  
Where did injury occur? Home - 6136 Rockhill  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Home  
Manner of injury Fell out of bed  
Nature of injury fractured hip 2-12-35

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Chas S Nelson M. D.  
(Signed) Chas S Nelson M. D.  
(Address) 1200 E of 7th St

Dr. Charles J. Nelson  
Professional Billing

12 JUL 3 1974