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

DEC 17 1935

Do not use this space.

35372

1. PLACE OF DEATH
County: Cape Girardeau
Township: Whitewater
City: ..... (No. ..... St. ..... Ward)

Registration District No. 124
Primary Registration District No. 3783

File No. .....
Registered No. 40

2. FULL NAME: James C. Houk

(a) Residence, No. ..... 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: M
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 28-1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Oct. 30-1935
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Millersville Mo.

FATHER
13. NAME: James C. Houk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Millersville Mo.

MOTHER
15. MAIDEN NAME: Nancy Wise
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Millersville Mo.

17. INFORMANT: Robt Houk
(ADDRESS): Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sunset Cemetery DATE: Nov. 3 1935

19. UNDERTAKER: Cravens & Miller
(ADDRESS): Jackson Mo

20. FILED: 11-3 1935 B. G. Seibert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 2-1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... 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:

	Date of onset
Suicide-by Gun Shot.	

Other contributory causes of importance: None

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? Suicide Date of injury II-2, 19 35
Where did injury occur? Near Millersville Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
in house
Manner of injury: Put gun in mouth
Nature of injury: Gun shot wound,

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. A. Draper M.D.
(Address) Cape Girardeau Mo
Coroner

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD