

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

Do not use this space.

40220

JAN 17 1936

1. PLACE OF DEATH

County Moore Registration District No. 527
Township Lalate Primary Registration District No. 4310
City Lalate (No. _____) St. _____ Ward _____

2. FULL NAME John D. Huston

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Callie P. Huston</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 17 - 1867</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>1</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>merchant</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>Penryn</u>		
FATHER	13. NAME <u>Robert W. Huston</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rensselaer</u>	
MOTHER	15. MAIDEN NAME <u>Dant Thaw</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dant Thaw</u>	
17. INFORMANT (ADDRESS) <u>Walter R. Huston</u> <u>Lalate Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Lalate</u>	DATE <u>Jan 2</u> 19 <u>36</u>
19. UNDERTAKER (ADDRESS) <u>H. J. Shertel</u> <u>Lalate Mo</u>		
20. FILED <u>1/1</u> 19 <u>36</u> <u>Her O'Brien</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Dec 31 1935.
I last saw him alive on Dec 30 1935. Death is said to have occurred on the date stated above, at 1:40 P.M.
The principal cause of death and related causes of importance were as follows:
Myasthenia Gravis
Myasthenia
Date of onset _____

Other contributory causes of importance: MS

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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) H. O. Newton M. D.
(Address) Lalate Mo

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

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

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