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.

712

JAN 15 1936

1. PLACE OF DEATH
County Crawford
Township Bourbon
City Cuba, Mo. (No. ..... St. ..... Ward)

Registration District No. 230
Primary Registration District No. 5312

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

2. FULL NAME Esco Tarleton Houston

(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 Male
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 Gynnetha Houston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10th 1875

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 60 | 0 | 26 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist
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) Crawford Co. Mo.

FATHER
13. NAME Robt. Horace Houston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Missouri Nevada Vaughn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Gynnetha Houston Cuba, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Houston Cemetery DATE Jan 8th, 1936

19. UNDERTAKER (ADDRESS) Jas H Hollow Cuba, Mo.

20. FILED Jan 8, 1936 G. J. A. Herzog Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1935, to Jan 6, 1936
I last saw him alive on Jan 5, 1936. Death is said to have occurred on the date stated above, at 8-20 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | Dec 26 35 |
| Other contributory causes of importance: | |
| Acute Nephritis | Nov 28 35 |

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? ..... 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) Geo. W. Reeves, M. D.
(Address) Steelville, Mo.

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