

MAR 4 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2787

1. PLACE OF DEATH

County St. Louis Registration District No. 787
Township Marion Primary Registration District No. 6032
City (No.) St. Ward

2. FULL NAME

Jean Fay Houser
(a) Residence, No. Glencoe Mo. St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 4 - 1935</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>11</u>	DAYS <u>9</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>at home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>
	10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/> 11. Total time (years) spent in this occupation. <input checked="" type="checkbox"/>

12. BIRTHPLACE (CITY OR TOWN) Glencoe (STATE OR COUNTRY) Mo.

13. NAME Roy Houser

14. BIRTHPLACE (CITY OR TOWN) Pulzsky Co. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Pinkey Lewis

16. BIRTHPLACE (CITY OR TOWN) Glencoe (STATE OR COUNTRY) Mo.

17. INFORMANT Roy Houser (ADDRESS) Glencoe Mo.

18. BURIAL, CREMATION, OR REMOVAL Sithel cemetery

PLACE Pond Mo. DATE Jan 15 1936

19. UNDERTAKER Schrader Funeral Home (ADDRESS) Ballerin Mo.

20. FILED Jan 13 1936 Mrs. F. J. G. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1936, to Jan 13 1936
I last saw her alive on Jan 16 1936. Death is said to have occurred on the date stated above, at 11:15A.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Jan 8 1936

Other contributory causes of importance:

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?
If so, specify
(Signed) F. A. Smith, M. D.
(Address) Ballerin Mo.

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.

