

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.

AUG 26 1936

30143

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125
 Township _____ Primary Registration District No. 3909 File No. _____
 City Cape Girardeau (No. St. Francis Hospital) Registered No. 267
 2. FULL NAME Everlen Houston St. _____ Ward _____
 (a) Residence, No. Marianna, Ark. Ward. Marianna Ark.
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1894
 7. AGE YEARS 42 MONTHS - DAYS - If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) aug. 1 1936
 22. I HEREBY CERTIFY, That I attended deceased from 7/29 1936 to 8/1 1936
 I last saw him alive on 8/1 1936 Death is said to have occurred on the date stated above, at 11:30 a. m.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labo
 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 _____

Fracture of rib
 Subdural hemorrhage
 Fracture femur
 Date of onset
 Other contributory causes of importance:
auto accident

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
 13. NAME Houston
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

Name of operation heparin Date 7/29/36
 What test confirmed diagnosis? _____ Was there an autopsy? yes

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 7-29, 1936
 Where did injury occur? Auto accident
Marianna, Ark. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) St. Francis Hospital Cape Girardeau
 18. BURIAL, CREMATION, OR REMOVAL Removal
 PLACE Marianna, Ark. DATE Aug 3 1936

Manner of injury auto accident
 Nature of injury Fracture of rib Subdural hemorrhage

19. UNDERTAKER (ADDRESS) Alden Ellis Sikeston, Mo.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Therese H. ... M. D.
 (Address) Cape Girardeau

20. FILED 8-1-36 J.M. Thompson Registrar.

740

SEP 18 1958

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125

File No.

Township

Primary Registration District No. 3009

Registered No. 269

City Cape Girardeau

(No.)

St.

Ward)

2. FULL NAME Everlin 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.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m

4. COLOR OR RACE Col

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)

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

MOTHER

13. NAME

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED 11-6 1936 J.M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1936

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

Other contributory causes of importance: auto accident

Name of operation Passenger of car 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

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) H.V. Ashley M. D.

(Address) Cape Girardeau Mo.

30143