

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.

NOV 27 1936

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

Do not use this space.

37333

1. PLACE OF DEATH

County Henry  
Township Stauberry  
City Stauberry (No. \_\_\_\_\_)

Registration District No. 314  
Primary Registration District No. 4190

File No. \_\_\_\_\_  
Registered No. 31  
St. \_\_\_\_\_ Ward)

2. FULL NAME George Ward 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Helen Houston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 4-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 5 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Joe Painter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Joe  
10. Date deceased last worked at this occupation (month and year) Oct. 1st 1936 11. Total time (years) spent in this occupation 37 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mad. Pleasant MO

MOTHER 13. NAME James Houston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

15. MAIDEN NAME Elizabeth Taylor

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

17. INFORMANT (ADDRESS) Virginia Houston  
Stauberry MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Stauberry MO DATE 10/4 1936

19. UNDERTAKER (ADDRESS) L. M. Phillips  
Stauberry MO

20. FILED 10/3 1936 W. H. Zempel  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1936, to Oct. 2, 1936.  
I last saw him alive on Oct. 1, 1936. Death is said to have occurred on the date stated above, at 1:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage Date of onset \_\_\_\_\_

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 \_\_\_\_\_, 1936  
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) W. H. Zempel, M. D.  
(Address) Stauberry MO

John & E. Hamilton