

DEC 20 1936

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

Do not use this space.

41665

1. PLACE OF DEATH

County Jefferson
Township Waller
City W. S. G. to (No. St. Ward)

Registration District No. 420
Primary Registration District No. 3022

File No.
Registered No.

2. FULL NAME

Arthur E. Houston
(a) Residence, No. 221 S. 2nd St., Ward,
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 Naomi Houston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 8 16

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

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) Fletcher Mo.

13. NAME Adam Houston

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

15. MAIDEN NAME Elizabeth Mares

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

17. INFORMANT Naomi Houston (ADDRESS) 222 Miller St.

18. BURIAL, CREMATION, OR REMOVAL PLACE City DATE Aug 13 1936

19. UNDERTAKER Mothershead (ADDRESS) W. S. G. to

20. FILED Nov 12 1936 May Pendergast (Address) De Sls, Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov-4, 1936, to Nov-11, 1936

Last saw him alive on Nov-11, 1936 Death is said to have occurred on the date stated above, at 6:45 p. m.

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

Croupous pneumonia Nov 11-1936

Other contributory causes of importance: None

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) Wally Gibson M. D.

(Address) De Sls, Mo

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.

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... EXACTLY ...
... OF THE ...
... OF THE ...
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JUN 29 1955