

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.

*A. W. Wanamaker*

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

Do not use this space.

FEB 25 1937

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1. PLACE OF DEATH

County *Atchison* Registration District No. *21*  
Township *Buchanan* Primary Registration District No. *5030*  
City *Mo. Atchison* (No. ....) St. .... Ward)

2. FULL NAME

*Thomas A. Houchin*

(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 *7* 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*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 12 - 1881*  
7. AGE YEARS *55* MONTHS *8* DAYS *3* If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*  
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) *Jan 1, 1937* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bluff City, Tennessee*

13. NAME *John Houchin*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

15. MAIDEN NAME *Susan Weaver*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *near Bristol Tennessee*

17. INFORMANT (ADDRESS) *Ed Richie, Bristol, Iowa*

18. BURIAL, CREMATION, OR REMOVAL PLACE *W. Olive* DATE *January 8, 1937*

19. UNDERTAKER (ADDRESS) *Chas. C. Johnson, Hamburg Iowa*

20. FILED *Jan. 30, 1937* *J. A. Gray, Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 15 - 1937*

22. I HEREBY CERTIFY That I attended deceased from *Jan 16, 1937, to Jan 16, 1937*

I last saw him *alive on* 19..... Death is said to have occurred on the date stated above, at *10:30 P. m.*

The principal cause of death and related causes of importance were as follows:  
*I did not see him until after death*  
*aortic aneurysm (ruptured)* Date of onset *1-15-37*

Other contributory causes of importance:

*Ab*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? *No*

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 *a. R. Wanamaker, M. D.*  
(Signed) *Hamburg Iowa*  
(Address)

