

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

Do not use this space.

**FEB 16 1937**

**479**

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3009 Registered No. 19  
 City Cape Girardeau (No. R.F.D.# 3) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Jim Edward Houck**

(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 White 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) March 17, 1936  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 10 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
 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) Cape Girardeau, Mo. (STATE OR COUNTRY)

13. NAME William J. Houck

14. BIRTHPLACE (CITY OR TOWN) Bollinger County, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Vida Schweppe

16. BIRTHPLACE (CITY OR TOWN) Oak Ridge, Mo. (STATE OR COUNTRY)

17. INFORMANT Walter Miller (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cemt. DATE Jan. 22, 1936

19. UNDERTAKER Haman's Funeral Home (ADDRESS) Cape Girardeau, Mo.

20. FILED 1-20-1937 J. M. Chapman Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19 1937 to Jan 21, 1937  
 Last saw him alive on Jan 19, 1937. Death is said to have occurred on the date stated above, at 5:45 P.

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

Branch Pneumonia Date of onset Jan 18  
Hydrocephalus (84) 15m 1wk  
 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) \_\_\_\_\_ M. D.  
 (Address) \_\_\_\_\_

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.

