

APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County PolkRegistration District No. 701File No. 13053Township BolivarPrimary Registration District No. 44227Registered No. 19City Bolivar (No. _____)

St. _____ Ward _____

2. FULL NAME

(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)

Married

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

May Houser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 14 - 84

7. AGE

YEARS 52MONTHS 7DAYS 18

If LESS than 1 day, _____ hrs. or _____ min.

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

Restaurant Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Justice of Peace

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)

Bowling Green

13. NAME

Jacob Houser

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

Tenn

15. MAIDEN NAME

Mary Tolough

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

Tenn

17. INFORMANT (ADDRESS)

Mary Houser Bolivar Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bolivar DATE Mar 7, 1937

19. UNDERTAKER (ADDRESS)

Butchman - Bolivar Mo

20. FILED

Mar 4, 1937 J. J. Roberts Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2, 1937

I HEREBY CERTIFY, That I attended deceased from

Feb 20, 1937, to Mar 2, 1937I last saw him alive on Mar 2, 1937. Death is saidto have occurred on the date stated above, at 2:10 P. m.

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

Lobar PneumoniaDate of onset Feb 20

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 _____, 1937

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) Doyle M. M. M., M. D.(Address) Bolivar Mo

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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.

