

JUN 10 1937

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

Do not use this space.

1. PLACE OF DEATH
31 County Daviess Registration District No. 250 File No. 19889
Township _____ Primary Registration District No. 4150 Registered No. 21
City Gallatin (No. 9) St. _____ Ward _____

2. FULL NAME William M. Houghton

(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. 3 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary J. Houghton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 26, 1849</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>8</u>	DAYS <u>4</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Agriculture</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Oct. 1936</u>	
		11. Total time (years) spent in this occupation. <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Sperryville</u> (STATE OR COUNTRY) <u>Virginia</u>		
13. NAME <u>Benjiman Houghton</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Washington</u> (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Harriett Johnson</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT <u>Hugh Houghton</u> (ADDRESS) <u>Gallatin, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brown Cemetery</u> DATE <u>June 1</u> , 19 <u>37</u>		
19. UNDERTAKER <u>Hope Furn. & Undt. Co.</u> (ADDRESS) <u>Gallatin, Missouri</u>		
20. FILED <u>June-1-1937</u> <u>N. G. Hope</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to May 30, 1937
I last saw him alive on May 29, 1937. Death is said to have occurred on the date stated above, at 7:15 PM
The principal cause of death and related causes of importance were as follows:
Hypertensive Cardiac vascular
Renal Disease.
Date of onset _____

Other contributory causes of importance:
Pulmonary Hypertrophied
Prostate & Cystitis

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) Harold W. Bailey
(Address) Gallatin MO.

222

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