

JUN 25 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Pettis
 Township Houghton
 City Houghton (No. 2)

Registration District No. 665
 Primary Registration District No. 4398

File No. 20939

Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Houghton Mo 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 Female 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) May 13-1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or 3 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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) Houghton (STATE OR COUNTRY) Mo13. NAME Russell F. Williams14. BIRTHPLACE (CITY OR TOWN) Houghton (STATE OR COUNTRY) Mo15. MAIDEN NAME Crystal B. Carter16. BIRTHPLACE (CITY OR TOWN) Belleville (STATE OR COUNTRY) Kansas17. INFORMANT Geo. F. Williams (ADDRESS) Houghton Mo18. BURIAL, CREMATION, OR REMOVAL
 PLACE Houghton DATE May 15 193719. UNDERTAKER M. G. Westphal (ADDRESS) Houghton Mo20. FILED May 15 1937 Mrs. J. B. Dorsey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 193722. I HEREBY CERTIFY, That I attended deceased from May 13 1937, to May 13 1937I last saw him alive on May 13 1937. Death is saidto have occurred on the date stated above, at H. P. m.

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

Infant159

Other contributory causes of importance:

Præmature birth

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? YesIf so, specify O. L. Posthumus M. D.

(Signed) _____

(Address) Houghton

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.

