NOV 15 1937

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

Do not use this space.

File No. 36977

Registered No. 205

1. PLACE OF DEATH
County: Adair
Township:
City: Kirksville (No. Gem Smith Hospital St. Ward)
Registration District No. 4
Primary Registration District No. 3001

2. FULL NAME: May Linker Houlchens
(a) Residence, No. St., Ward.
(Usual place of abode)
Memphis, Mo.
(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): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20-1869

7. AGE: Years 68 Months 5 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping
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) (STATE OR COUNTRY): Hancock Co Ill

FATHER
13. NAME: John Linker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Sarah Holbs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Glenn D. Houlchens Memphis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bloomington Ill DATE: Nov 5 1937

19. UNDERTAKER (ADDRESS): Scott & Barrett Memphis Mo

20. FILED: Nov. 2 1937 Spencer L. Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-2 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1937, to 11-2 1937
That I last saw her alive on 11-1 1937. Death is said to have occurred on the date stated above, at 7:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gb + Transverse Colon	11-2-37
Probably primary of gall bladder	
Other contributory causes of importance:	
Postoperative shock	10-30-37

Name of operation: Exploratory Date of: 10-30-37
What test confirmed diagnosis? Operation 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
(Signed) George E. Gram, M. D.
(Address) Kirksville, Missouri

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.

46

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

36977
Do not use this space.

1. PLACE OF DEATH
(a) County Adair Registration District No. 4
(b) Township Primary Registration District No. 3001 Registered No.
(c) City Kirksville (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME May Linko Houtchens
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

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

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
68	5	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE , 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov. 2, 1937 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19
I last saw h. alive on , 19. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of GB and transverse colon
Probably primary of GB.

Other contributory causes of importance:
Post operative shock

Name of operation Date of
What test confirmed diagnosis? No 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) George E. Brown, M. D.
(Address) Kirksville Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.