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.

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

Do not use this space.

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1. PLACE OF DEATH
County: Cape Girardeau
16 Township: Hubble
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 126
Primary Registration District No. 5174B

File No. 2315
Registered No. 2

2. FULL NAME: William David Houck 200

(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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Marzilla Young Houck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 29, 1861

7. AGE: YEARS 76 | MONTHS — | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Jan 1938
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Millersville Mo.

FATHER
13. NAME: William Houck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Co.

MOTHER
15. MAIDEN NAME (First Name) (Unknown): Grimes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Aug Maag Gordonville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Zion M E Cemetery DATE: Jan 21, 1938

19. UNDERTAKER (ADDRESS): Cracraft-Miller-Allen Jackson Mo.

20. FILED: Jan 21, 1938 Mrs W. W. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 19 , 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1938, to Jan 19, 1938
I last saw him alive on Jan 19, 1938 Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/18/38
Other contributory causes of importance: High Blood Pres	1935

Name of operation: — Date of: /
What test confirmed diagnosis? 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) R. Schoen, M. D.
(Address) Jackson Mo

RECEIVED FEB 21 1938 BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH

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