

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

Do not use this space.

3713

1. PLACE OF DEATH

80
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4
County Pettis Registration District No. 664
Township 1 Primary Registration District No. 232
City Sedalia (No. _____) St. _____ Ward _____

File No. 31
Registered No. 668

2. FULL NAME

Ada Mae (Houston) Huston 225
(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 F 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Sedalia
13. NAME Christopher Huston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgetown
15. MAIDEN NAME Lillie F. Ry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia

17. INFORMANT Christopher Huston
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Georgetown DATE Jan 21, 1938

19. UNDERTAKER Philo Alexander
(ADDRESS)

20. FILED Jan 21 - 1938 Jean Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20, 1938
22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1938, to 1-20, 1938
I last saw her alive on 1-19, 1938. Death is said to have occurred on the date stated above, at 5:45 P.M.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 1-18-38
Pertussis 1-6-38
Other contributory causes of importance:
Pertussis 1-6-38

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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) W. E. Bell, M. D.
(Address) Sedalia Mo.

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FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH