

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.

REC'D APR 22 1938

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

Do not use this space.

11945

1. PLACE OF DEATH

County *St. Clair*
Township *Roscoe*
City (No.)

Registration District No. *766*
Primary Registration District No. *6011*

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Offie Houston 235

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 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 *Ted J. Houston*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 3, 1872*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 7 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *housewife*
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) *Roscoe Mo.*

13. NAME *Thomas Houston*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Gulton Mo.*

15. MAIDEN NAME *Almira Burch*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Roscoe Mo.*

17. INFORMANT (ADDRESS) *Mrs. P. M. Sandidge Edwards Spring, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Roscoe* DATE *April 10, 1938*

19. UNDERTAKER (ADDRESS) *A. B. Goodrich Roscoe, Mo.*

20. FILED *Apr. 11, 1938* *Mrs. F. B. Goodrich* (Address) _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 7, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Mar. 10, 1938* to *April 5, 1938*. I last saw her alive on *April 5, 1938*. Death is said to have occurred on the date stated above, at *1:30 p. m.*

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

Carcinoma of Liver Date of onset _____

Other contributory causes of importance: *Ascities (Abdominal)*

Name of operation *None* Date of _____
What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *No* Date of injury _____
Where did injury occur? *None* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *None*
Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____

(Signed) *J. W. Richardson*, M. D.
Offie Houston

