

REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Pettis
Township Houstonia
City Houstonia (No. St. Ward)

Registration District No. 665
Primary Registration District No. 4398

File No. 19151
Registered No.

2. FULL NAME

(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 4 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

| | | | | |
|--|---|---|-------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> | | |
| 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Henry Clinton Upton</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan'y 24 - 1854</u> | | | | |
| 7. AGE | YEARS <u>84</u> | MONTHS <u>3</u> | DAYS <u>27</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u> | | | |
| | 10. Date deceased last worked at this occupation (month and year) <u>May 1938</u> | | | |
| 11. Total time (years) spent in this occupation <u>Life</u> | | | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warsaw Mo</u> | | | | |
| MOTHER | 13. NAME <u>George W. Jorgan</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | | | |
| | 15. MAIDEN NAME <u>Martha Penegia Russ</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hart, Kansas</u> | | | |
| 17. INFORMANT <u>Georgie Upton</u> (ADDRESS) <u>Houstonia</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Houstonia</u> DATE <u>May 20</u> 19 <u>38</u> | | | | |
| 19. UNDERTAKER (ADDRESS) <u>W. H. West</u> <u>Houstonia</u> | | | | |
| 20. FILED <u>May 27</u> 19 <u>38</u> <u>Mrs. J. B. Dacey</u> Registrar | | | | |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to May 15, 1938
I last saw h. c. alive on May 18, 1938. Death is said to have occurred on the date stated above, at 10:40 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Bronchitis
Date of onset

Other contributory causes of importance: Age

Name of operation Date of
What test confirmed diagnosis? X Was there an autopsy? Yes

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 C. L. Parkhurst, I, M. D.
(Signed) C. L. Parkhurst, I, M. D.
(Address) Houstonia, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

