

REC'D JUN 12 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City, Mo.

(No. St. Marys Hospital)

20884

File No.

2334

Registered No.

St. _____ Ward _____

2. FULL NAME Clyde Houser

(a) Residence, No. 324 S Chelsea

(Usual place of abode)

St. _____ Ward _____

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8, 1879

7. AGE YEARS 59 MONTHS 2 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Pac. R.R.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME Andrew Houser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Elzan Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Bertha Houser, (ADDRESS) 324 S. Chelsea, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE June 10, 1938

19. UNDERTAKER C. H. Blackman & Son, Inc. (ADDRESS) 2825 Independence Blvd., K.C. Mo.

20. FILED June 9, 1938 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1938 to June 6, 1938

I last saw him alive on June 6, 1938. Death is said to have occurred on the date stated above, at 9:45 m. PM

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

acute Coronary Thrombosis
acute Myocardial Infarction
Rupture of Heart
Thromboembolism

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? Autopsy 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 _____

(Signed) J. E. Castle M. D.

(Address) 1002 Regent Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X9314

50 MAR 1938

Dr. Castles St Marys Hosp.