REC'D JUL 12 1938

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

Do not use this space.
21150

1. PLACE OF DEATH
County: Jackson — Registration District No.: 39
Township: — Primary Registration District No.: 1000
City: Kansas City (No. 2727 Belleview St. Ward)
File No.: — Registered No.: 2600

2. FULL NAME: Chas David Houchin 250

(a) Residence, No. 2727 Belleview St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 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: Tillie Houchin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 21 1877

7. AGE: YEARS 61 | MONTHS 0 | DAYS 7 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

FATHER
13. NAME: James W. Houchin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Betty Dawson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Jennie Tomlinson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hamilton Brookside DATE: June 30, 1938

19. UNDERTAKER (ADDRESS): Blayden Pritchard, Elsinore Sarcoxie Mo.

20. FILED: 6-28-1938 Mildred Grove, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/27, 1938, to 6/28, 1938
I last saw him alive on 6/28, 1938. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans (Parkinson's Disease)	
87 B	

Other contributory causes of importance:

Name of operation: Date of: No.
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) James D. Smith M. D.
(Address) 318 Professional Bldg. Kansas City, Mo.

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.