REC'D SEP 27 1938

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

Do not use this space.

29473

1. PLACE OF DEATH

County Marion — Registration District No. 548 — File No.

Township ~~Liberty~~ — Primary Registration District No. 4323 — Registered No. 50

City Palmyra (No. ..., ... St. ..... Ward)

2. FULL NAME Joyce Lea Houghton 235

(a) Residence, No. Marion Co. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 1938

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
8	5	1	

OCCUPATION

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

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) Palmyra, Mo. 0

FATHER

13. NAME Albert Houghton 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ursa, Illinois 0

MOTHER

15. MAIDEN NAME Moxie E. King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Mo.

17. INFORMANT (ADDRESS) Albert Houghton Palmyra, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Palmyra Cemetery DATE 8/12/38 19

19. UNDERTAKER (ADDRESS) Lewis Bros Palmyra Mo

20. FILED Aug. 12 1938 Gertrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 1934, to August, 1938

I last saw h..... alive on ....., 19..... 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
Tuberculosis of Spine -	
26 -	

Other contributory causes of importance: Amyloid Degeneration Liver & Kidney

Name of operation Operated Crippled Children Hospital Cty Date of

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) E. M. Lucke, M. D.

(Address) Hannibal, 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.