

RECD OCT 15 1938

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

Do not use this space.

31536

1. PLACE OF DEATH

County Jackson
Township Kanaw
City Kansas City, Mo

Registration District No. 399
Primary Registration District No. 11002

File No.
Registered No. 119
St. Ward)

2. FULL NAME

(a) Residence, No. Ruth Nevada 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.

Baby Houston D.R. Thomas J. Houston, Jr

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-19-38

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

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

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) Kansas City, Mo

13. NAME I. J. Houston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ruth Nevada

15. MAIDEN NAME Grace Berry

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

17. INFORMANT (ADDRESS) T. J. Houston
Ruth Nevada

18. BURIAL, CREMATION, OR REMOVAL PLACE Butler Mo. DATE 9/21/38

19. UNDERTAKER (ADDRESS) Ed Butler
Butler, Mo.

20. FILED 9/19 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19-1938

22. I HEREBY CERTIFY That I attended deceased from Sept 19 1938 to Sept 19 1938

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 10 A. m.

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

Date of onset

Atelectasis

Other contributory causes of importance:

Still born

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?

If so, specify George J. Conroy, M. D.

(Signed) George J. Conroy (Address) Lake Side Hospital

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.

