

REC'D OCT 26 1938

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

Do not use this space.

1. PLACE OF DEATH

County Putnam
Township Medicine
City No. St. Ward

Registration District No. 717
Primary Registration District No. 5946

File No. 33090
Registered No.

2. FULL NAME

Larry Leon Houston (Houston) 231

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 26 1938</u>		
7. AGE YEARS	MONTHS	DAYS
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Infant</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u> </u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>At Home Putnam Co.</u>	
	13. NAME <u>Elbert Houston</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Colorado</u>	
MOTHER	15. MAIDEN NAME <u>Buelah Ingersoll</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Putnam Co. Mo.</u>	
	17. INFORMANT (ADDRESS) <u>Walter Houston, Duerns, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dixon Cemetery</u> DATE <u>Sept. 27 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Comstock Merc Co. Ironville, Mo.</u>		
20. FILED <u>Oct 1 1938</u> <u>E. Studabaker</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1938 to Sept 27 1938. I last saw him alive on Sept 27 1938. Death is said to have occurred on the date stated above, at 12:30 P.M.. The principal cause of death and related causes of importance were as follows:
Premature infant 6 mo

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Cholera (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) W. W. Gillum M. D.
(Address) Ironville Mo.

Exact statement of OCCUPATION is very important.

RECEIVED
DISTRICT HEALTH OFFICER NO. 10
DISTRICT HEALTH OFFICER NO. 10

RECEIVED

RECEIVED

District Health Officer No. 10

District File Number 10-38-340

Date Filed 10-1-38

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

33090

Do not use this space.

1. PLACE OF DEATH
 (a) County Putnam Registration District No. 717
 (b) Township Medicine Primary Registration District No. 5946 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Larry Jean Houston
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mf

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or 3 min.

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

9. Industry or business in which work was done, as 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) _____

FATHER 13. NAME _____ 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____ 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED Oct 1 1939 E. Stadabaker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1938

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____.

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 _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____
 (Signed) D. W. Gillum, M. D.
 (Address) Marionville Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

