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1939 SEP 1 1939

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

Do not use this space.

29618

1. PLACE OF DEATH
County Don-Donald Registration District No. 518
Township _____ Primary Registration District No. 4574
City Anderson (No. _____) St. _____ Ward _____
2. FULL NAME Geo. B. Houston Jr.
(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12-39, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 8-12-39, 1939, to 8-12-39, 1939.
I last saw him alive on dead - 8-12-39, 1939. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-21-1922
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 6 21

car wreck, accidental death, Broken neck - multiple fracture of skull
Date of onset _____

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Builder
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 1

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 0

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

FATHER
13. NAME Geo. B. Houston Sr. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? to auto Date of injury 8-12-39
Where did injury occur? Anderson Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Hi-way
Manner of injury _____
Nature of injury _____

MOTHER
15. MAIDEN NAME Armita Osborne

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Lee Carnell - Coroner, M. D.
(Address) Princeton Mo

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

17. INFORMANT Geo. B. Houston
(ADDRESS) Carthage mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carthage Mo DATE Aug 14 1939

19. UNDERTAKER Tatum Funeral Home
(ADDRESS) Anderson Mo.

20. FILED July 26 1939 Mrs Lee Harper
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very li

RECEIVED

District Court Officer No. 6,

District File Number 839-1725

Date Filed AUG 30 1939

210 B-
9/5

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

29618 X
Do not use this space.

1. PLACE OF DEATH

(a) County McDonald Registration District No. 5-18
 (b) Township _____ Primary Registration District No. 45-74 Registered No. _____
 (c) City Anderson (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

Geo. B. Houston Jr.
 (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 S
 (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 6 21

OCCUPATION 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 _____ 19 _____ Local Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ 1939 to _____ 1939

I last saw h. _____ alive on _____, 1939. 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:

Car accident
Death, broken neck
multiple fractures of
skull
 Date of onset 8/10/39

Other contributory causes of importance: Ran out of road into ditch
and dirt bank,
(non-collision)

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 _____, 1939
 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) Lee Carroll M. D.
 (Address) Parisville Mo

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

