

REC'D SEP 23 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Henry  
Township Deepwater  
City (No. ...., ..... St. .... Ward)

Registration District No. 352  
Primary Registration District No. 5493

File No. 29021  
Registered No. .... St. .... Ward)

## 2. FULL NAME

(a) Residence, No. .... St. .... Ward.

(Usual place of abode) ..... (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 70 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
70 3 14

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. 55

12. BIRTHPLACE (CITY OR TOWN) Henry Co (STATE OR COUNTRY) Mo

13. NAME Conrad Hauck

14. BIRTHPLACE (CITY OR TOWN) Baden (STATE OR COUNTRY) Germany

15. MAIDEN NAME Mary Jane Huston

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

17. INFORMANT Mrs. Leon Vansant (ADDRESS) Montrose Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bear Creek DATE 8-10 1938

19. UNDERTAKER Sammarty & Sammarti (ADDRESS) Montrose Mo.

20. FILED 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1928, to Aug 8, 1938

I last saw him alive on Aug 8, 1938. Death is said to have occurred on the date stated above, at 6 A. m.

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

Hypertatic pneumonia Date of onset

Other contributory causes of importance:

Fractured hip  
Ch. interstitial nephritis 2 yrs

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? No

If so, specify

(Signed) W. E. Baggerly, M. D.

(Address) Montrose Mo

316

N. B. - Be careful of the information 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.

181

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RECEIVED

District Health Officer No. 7,

District File Number 7-3856

Date Filed 9-14-38

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH  
SAN FRANCISCO  
RECEIVED  
DISTRICT HEALTH OFFICER NO. 7  
DISTRICT FILE NUMBER  
DATE FILED

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

29021  
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 352  
 (b) Township Deepwater Primary Registration District No. 3493  
 (c) City Deep (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 Stephen Housk

(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 M

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.  
70 3 14

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED \_\_\_\_\_ 19\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 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:

Hypostatic Pneumonia Date of onset 18 1/2  
Fractured hip  
Chronic interstitial nephritis

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? Accident Date of injury 7-9, 1938

Where did injury occur? Montrose Mo  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

at home

Manner of injury Fall

Nature of injury Fracture surg. neck of femur

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. E. Baggerly, M. D.

(Address) Montrose Mo

Local Registrar

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

SUPPLEMENT

REGISTRATION should be carefully supplied. AGI 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.

FILL IN ANSWERS TO ALL SPACES  
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1. PLACE OF DEATH

(a) County Henry Registration District No. 352  
(b) Township Deepwater Primary Registration District No. 5493 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 Stephen Houser

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 25 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 3 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer  
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) Henry County, Mo.

13. NAME Courad Houser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Badary, Germany

15. MAIDEN NAME Mary Jane Huston

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

17. INFORMANT (ADDRESS) Mrs. Leo Hunsant, Montrose, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bear Creek Cem. DATE 8-10 1938

19. FUNERAL DIRECTOR (ADDRESS) Lomasta + Lomasta, Montrose, Mo.

20. FILED 10-31 1938 Mrs. Leo Heiman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1938, to Aug 8 1938

I last saw him alive on Aug 8 1938. Death is said to have occurred on the date stated above, at 6 A. m.

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

Hypostatic Pneumonia

Date of onset

Other contributory causes of importance 2 yrs. fractured Hip, Chr. Interstitial nephritis

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) W. E. Baggerly, M. D.

(Address) Montrose, Mo.

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

Attention should be carefully supplied to the fact that statement of OCCUPATION is very important in plain terms, so that it may be properly classified.