

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County Barry  
Township Monett  
City Monett (No. ....)

Registration District No. 20  
Primary Registration District No. 3003

File No. 7722  
Registered No. 19 St. .... Ward)

2. FULL NAME William Houston

(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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Messiah Houston</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28, 1870</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>9</u>
	DAYS <u>29</u>	IF LESS than 1 day, .... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.	
	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) <u>Jenn</u>		
FATHER	13. NAME <u>George Houston</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jenn</u>	
MOTHER	15. MAIDEN NAME <u>Rhoda Curtis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jenn</u>	
17. INFORMANT <u>Mrs. M. Houston</u> (ADDRESS) <u>Monett - Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cassville</u> DATE <u>3-29</u> 19 <u>34</u>		
19. UNDERTAKER <u>Blankenship</u> (ADDRESS) <u>Purdy Mo.</u>		
20. FILED <u>3-26-1934</u> <u>W. M. West</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1934, to March 24, 1934  
I last saw him alive on March 24, 1934 Death is said to have occurred on the date stated above, at 9 A.m.  
The principal cause of death and related causes of importance were as follows:  
Angina Pectoris  
Arterial Sclerosis  
Date of onset

Name of operation None Date of .....

What test confirmed diagnosis? Physical 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) J. H. West, M. D.  
(Address) Monett Mo.

