

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.

JUL 20 1933

235

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

Do not use this space.

18769

1. PLACE OF DEATH
 1 County Adair Registration District No. 4
 2 Township Kirksville Primary Registration District No. 3001
 7 City Kirksville (No.) St. Ward

2. FULL NAME Alma Blanch Houghton
 (a) Residence, No. 1202 S. Ostepath St. Ward.
 (Usual place of abode) (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

3. SEX Female 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 Frank Houghton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-19-1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>32</u>	<u>9</u>	<u>13</u>	

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

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) 2-1-33 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME John H. Vannick

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

MOTHER

15. MAIDEN NAME Mary Brownell

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

17. INFORMANT (ADDRESS) Frank Houghton 1202 S. Ostepath

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Grove DATE 6-4-33

19. UNDERTAKER (ADDRESS) Doc Riley Kirksville Mo

20. FILED 6/4 1933 E. H. Becker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1933

22. I HEREBY CERTIFY, that I attended deceased from March 4, 1933, to June 2, 1933. I last saw her alive on June 2, 1933. Death is said to have occurred on the date stated above, at 7:30 P.M. The principal cause of death and related causes of importance were as follows:

23A

Pulmonary Tuberculosis Date of onset 2 yrs.

Other contributory causes of importance: 23

Name of operation none Date of
 What test confirmed diagnosis? X-ray 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) E. H. Webster M.D.
 (Address) Kirksville, Mo.

1933-6-2
1900-8-19

32-9-13