

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.

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1. PLACE OF DEATH  
 13 County Caldwell Registration District No. 96  
 4 Township Hamilton Primary Registration District No. 4058  
 2 City Hamilton St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME John Houghton  
 (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 \_\_\_\_\_ 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 Nettie L. Houghton  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1874  
 7. AGE YEARS 58 MONTHS 7 DAYS 26 If LESS than 1 day, 17 hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant-Undertaker  
 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) Caldwell Co

FATHER  
 13. NAME Ira Houghton

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

MOTHER  
 15. MAIDEN NAME Annetta Kault

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

17. INFORMANT (ADDRESS) Nettie L. Houghton

18. BURIAL, CREMATION, OR REMOVAL PLACE Hobland DATE Jan 14 1933

19. UNDERTAKER (ADDRESS) J. M. Peisk

20. FILED Jan 14 1933 Irvin Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Jan 13 1933  
 I last saw him alive on Jan 13 1933 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:

Acute Pneumonia  
Chronic Interstitial Nephritis  
Heart Failure  
 Date of onset: Jan 9  
 Other contributory causes of importance:  
Chronic Interstitial Nephritis 1930  
Heart Failure  
Jan 9

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) J. M. Peisk, M. D.  
 (Address) Hamilton

