

DEC 18 1934

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

Do not use this space.

39919

## 1. PLACE OF DEATH

55 County Lawrence Registration District No. 470  
Township N. Mt. Vernon Primary Registration District No. 5633  
City No. St. Ward

File No. ....

Registered No. 98

## 2. FULL NAME

Peta 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 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 Dival Houghton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-16-11

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
23 6 17

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

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) Adair Co., Mo.

13. NAME Jesse Young

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

15. MAIDEN NAME Hattie Boyd

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

17. INFORMANT (ADDRESS) State Sanatorium Records  
Mr. Vernon

18. BURIAL, CREMATION, OR REMOVAL PLACE Mr. Vernon DATE Dec 2 1934

19. UNDERTAKER (ADDRESS) Geo. B. Orr  
Mr. Vernon

20. FILED Dec 2 1934 P. A. Holmes  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/29 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/3, 1934, to 11/29, 1934

I last saw her alive on 11/28, 1934. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

23A  
Submucosa  
tuberculosis  
Date of onset March 1934

Other contributory causes of importance: 270

Name of operation None Date of .....

What test confirmed diagnosis? Sub. 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. B. Stokes, M. D.

(Address) Mr. Vernon

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.

