

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

Do not use this space.

20187

1. PLACE OF DEATH

68 County Moniteau Registration District No. 577
 Township Pilot Grove Primary Registration District No. 5225
 City Latham (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 9

2. FULL NAME

Sarah Ann Houtchison
 (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 5 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 Bergs W Houtchison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19 - 1854

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 | |
|--------|-----------|----------|-----------|-----------------|---------------|
| | | | | day, _____ hrs. | or _____ min. |
| | <u>77</u> | <u>9</u> | <u>16</u> | | |

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Keeping

10. Date deceased last worked at this occupation (month and year) 7 months ago 11. Total time (years) spent in this occupation lifetime

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

13. NAME Moris B Hall

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

15. MAIDEN NAME Lucinda Jones

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

17. INFORMANT Edward Houtchison
 (ADDRESS) California Ind

18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Springs DATE 6-5 19. _____

19. UNDERTAKER W. E. Williams & Friedmeyer
 (ADDRESS) California Ind

20. FILED June 4 1932 J. M. Robertson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1932

22. I HEREBY CERTIFY, That I attended deceased from June 4th 1932 to June 4th 1932

I last saw her alive on June 4th 1932 Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Pariplegia Date of onset _____

Other contributory causes of importance: malnutrition (D)

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) J. M. Robertson _____, M. D.

(Address) Latham Mo

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.

MS 95 1932

