

REC'D JUL 12 1938

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

Do not use this space.

21150

1. PLACE OF DEATH

County JacksonRegistration District No. 39

File No.

Township

Primary Registration District No. 100Registered No. 2500City Cannons City (No. 2727 Bellevue)

St.

Ward)

2. FULL NAME Chas David Houchin 250(a) Residence, No. 2727 Bellevue St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 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)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Tillie Houchin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 21-1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

6107

OCCUPATION

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

Retired farmer

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)

13. NAME

James W. Houchin

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

15. MAIDEN NAME

Betty Dawson

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

17. INFORMANT (ADDRESS)

Junie Faulstich

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hamilton

DATE

June 30 1938

19. UNDERTAKER (ADDRESS)

B. Claude P. Richard
24 Bellevue St. Kansas City, Mo.

20. FILED

6-28-38

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

6/28 1938

22. I HEREBY CERTIFY, That I attended deceased from

6/27 1938, to 6/28 1938I last saw him alive on 6/28 1938. 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:

Taralysis Agitans
(Parkinson's Disease)

Date of onset

87 B.

Other contributory causes of importance:

Name of operation Date of No.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) James D. Smith, M. D.(Address) 318 Professional Bldg. Kansas City, 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.

