

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.

SEP 26 1933

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

Do not use this space.

25671

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph, (No. 901 North 6th. St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** Robert Stewart Houk,

(a) Residence, No. 901 North 6th. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 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 Mazie Houk,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1858,

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
74 7 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. packer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Dry Goods  
 10. Date deceased last worked at this occupation (month and year) August 1930 11. Total time (years) spent in this occupation 20

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

13. NAME Unknown,

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

15. MAIDEN NAME Unknown,

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

17. INFORMANT Mrs. R. S. Houk  
 (ADDRESS) 901 North 6th Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moba Cem. DATE Aug. 10th. 1933

19. UNDERTAKER Heaton-Biggle & Bowman  
 (ADDRESS) 319 So. 10th St. Funeral Home

20. FILED AUG 10 1933 John R. Bender  
 Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Aug 6, 1933

I last saw him alive on Aug 6, 1933 Death is said to have occurred on the date stated above, at 1:05 a.m.

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

Cardiac + Renal - several years  
Arteriosclerosis  
131  
93c  
24  
 Other contributory causes of importance: Hypertensive Chronic 17 Month

Name of operation \_\_\_\_\_ 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 Crown W D Co  
 (Signed) \_\_\_\_\_, M. D.  
 (Address) 206 P O S Bldg

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