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

Do not use this space.

9591

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2100

City St. Louis (No. 370 Walton Ave St. ..... Ward)

**2. FULL NAME** Mary F. Howard

(a) Residence. No. 370 Walton Ave St., 12 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Williamson P. Howard

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 12 – 1839

7. AGE: 87 YEARS, 9 MONTHS, 20 DAYS. If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Gooch's Mills
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Jacob Fisher
11. BIRTHPLACE OF FATHER (CITY OR TOWN): —
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Mary Ellen Gooch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): —
(STATE OR COUNTRY): Virginia

14. INFORMANT: L. F. Howard
(Address): 370 Walton Ave

15. FILED [illegible] 1927 Max C. Starkeoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 2 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1927, to March 2, 1927, that I last saw her alive on March 2, 1927, and that death occurred, on the date stated above, at 1 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
93C
90B
106A
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): acute bronchitis
Non Tubercular (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Walter Fischel, M. D.
Mar. 2, 1927 (Address) Humboldt Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine
DATE OF BURIAL: Mar. 4 1927

20. UNDERTAKER: Wagoner
ADDRESS: 3621 Olive

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.

[illegible] IS A PERMANENT RECORD