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

Do not use this space.
36678

1. PLACE OF DEATH
County: Howard
Township:
City: Fayette (No. ..... St. ..... Ward)
Registration District No. 378
Primary Registration District No. 4222
File No.
Registered No. 65

2. FULL NAME Paul Howard

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-3-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	2	22	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Tom Howard
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Elizabeth Shields
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Jim Howard
(Address) Fayette, Mo.

15. FILED 1-8 1928 W. R. Barham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-25-1927

17. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1927, to Dec. 25, 1927, that I last saw h. alive on Dec. 25, 1927, and that death occurred, on the date stated above, at 6:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute alcoholism. 7 5 H
Myocardial degeneration
(duration) yrs. mos. ½ ds.
CONTRIBUTORY (SECONDARY) Cerebral Edema - Pro. hemiplegia
(duration) yrs. mos. ½ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings.
(Signed) Wm. A. Shaw, M. D
, 19 (Address) Fayette, Mo.

*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: City Cemetary — DATE OF BURIAL: 12-26-1927
20. UNDERTAKER: Guy T. Halley — ADDRESS: Fayette 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.