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

Do not use this space.

File No. 4306

Registered No.

R 17 1928

1. PLACE OF DEATH

County: Cass — Registration District No.: 158

Township: Raymore — Primary Registration District No.: 5223

City: (No. , St. , Ward)

2. FULL NAME John H. 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	married

5A. If ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Rose Ware Howard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-13-1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	53	7	6	

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): Ky

PARENTS

10. NAME OF FATHER: R S Howard

11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Ky

12. MAIDEN NAME OF MOTHER: Emma Billings

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): England

14. INFORMANT: Alva Howard
(Address): Peculiar Mo

15. FILED 2-21 1928 W F Chaffin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1928, to Feb 19, 1928 that I last saw him alive on Feb 19, 1928, and that death occurred, on the date stated above, at p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

Arteriosclerosis (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —

O DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) W F Chaffin M. D.
2/21 1928 (Address) Raymore

*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: Raymore — DATE OF BURIAL: 2-22 1928

20. UNDERTAKER: E H George — ADDRESS: Pleasant Hill

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.