

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

Do not use this space.

7849

**1. PLACE OF DEATH**

County Buchanan  
Township \_\_\_\_\_  
City St. Joseph, (No. 1402 South 9th.)

Registration District No. 85  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 287  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Richard Howard,

(a) Residence. No. 1402 South 9th. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 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 Frances N. Howard,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 5, 1825

7. AGE - YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
102	6	0	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer,  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Schuyler County,  
(STATE OR COUNTRY) Illinois,

10. NAME OF FATHER William Howard,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,  
(STATE OR COUNTRY) Indiana,

12. MAIDEN NAME OF MOTHER Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,  
(STATE OR COUNTRY) Unknown,

14. INFORMANT Lawrence Howard  
1402 South 9th Street,

15. FILED John J. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 5 1928

17. I HEREBY CERTIFY That I attended deceased from March 3, 1928, to March 5, 1928, that I last saw him alive on March 3, 1928, and that death occurred, on the date stated above, at 7:45 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of Left eye and left orbit  
I saw patient once before in Sept. 1927  
and he refused treatment for 7 yrs. 7 mos. 0 ds.

CONTRIBUTORY Atherosclerosis  
(SECONDARY) (duration) not determined yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed)  Gordon D. Wright, M. D.

March 5, 1928 (Address) 845 So. 19th St. Jos 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 DATE OF BURIAL

Brookfield, Mo. March 7th. 1928

20. UNDERTAKER ADDRESS

Heston Balsale Bowman 319 S. 19th St

W. H. Kable Funeral Home

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.

1928  
MAR 6  
1928

