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

Do not use this space.

15459

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Raw — Primary Registration District No. 1001

City: K.C. Mo (No. 1706 Spruce St. Ward)

2. FULL NAME: John Floyd Howell

(a) Residence: No. 1706 Spruce St., Ward ..... (If nonresident give city or town and State)
(Usual place of abode)

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: M

4. COLOR OR RACE: wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 28-1873

7. AGE

| YEARS | MONTHS | DAYS | IF LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 54 | 5 | 21 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired 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): Mo

PARENTS

10. NAME OF FATHER: John D Howell

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

12. MAIDEN NAME OF MOTHER: Martha C Levaway

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

14. INFORMANT: Mrs Virgil Lantz
(Address): 1706 Spruce

15. FILED: 4-21, 1928 M M Crowe asst
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1928 to Apr 19, 1928 that I last saw living alive on April 19, 1928, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of prostate
(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Metabolic precipitation and nephritis acute.
(duration) ..... yrs. ..... mos. ..... 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? Clinical
(Signed) H. B. Jones M.D.
April 19, 1928 (Address) 1019 Tyler Bldg KCMo

*State the DISEASE CAUSING DEATH, or if 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: Moberly Mo — DATE OF BURIAL: April 22 1928

20. UNDERTAKER: Rose & Co — ADDRESS: 15th Jackson

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.

Sir R. C. Jones
1015 Argyle.