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

Do not use this space.

17101

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1071
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 902 East 39th St. Ward)

2. FULL NAME Miss Elizabeth B. Howard
(a) Residence. No. 902 East 39th St., 6 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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) Jun 12, 1868

7. AGE: YEARS 60 | MONTHS 3 | DAYS 27 | If LESS than 1 day, ___ hrs. or ___ min.

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

PARENTS
10. NAME OF FATHER John F. Howard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina
12. MAIDEN NAME OF MOTHER Mary Couch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

14. INFORMANT Mrs. Geo E. Esterle
(Address) 1-6 E. 63rd St.

15. FILED May 9, 1928 M M Crowe Asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1926 to May 9, 1928 that I last saw her alive on May 8, 1928, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (Lobar)
101A (duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (SECONDARY) Tinea favosa
(duration) 14 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? —
(Signed) Lynne B. Greene, M.D.
5/9, 1928 (Address) 407 Argyle Bldg K.C. 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 Lawrence Kans — DATE OF BURIAL 5-11 1928

20. UNDERTAKER D H Newcomer's Sons K.C.M. — ADDRESS

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.

WHITE PEDIGREE, WITH UNFADING INK—THIS IS A PERMANENT RECORD

409 [illegible]
Vec 120 [illegible]
-1, 2 [illegible]