

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

Do not use this space.

18033

1. PLACE OF DEATH

County Pettis Registration District No. 668 File No. _____
 Township _____ Primary Registration District No. 3032 Registered No. 163
 City Sedalia (No. General Hospital) St. _____ Ward _____

2. FULL NAME

William Riley Howard
 (a) Residence No. R. F. D. #1 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Lizzie Howard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-30-1901

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>26</u>	<u>9</u>	<u>23</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shopman ^{11B}
 (b) General nature of industry, business, or establishment in which employed (or employer) Car Helper ^{79B}
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Benton Co. Mo.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Albert William Howard

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

12. MAIDEN NAME OF MOTHER Ella Kuddle

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

14. INFORMANT A. William Howard
 (Address) Sedalia

15. FILE 5-24-25 J. L. Love REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1928
 17. I HEREBY CERTIFY, That I attended deceased from May 23, 1928, to June 23, 1928 that I last saw him alive on May 23, 1928, and that death occurred, on the date stated above, at 12 noon

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebro-spinal meningitis

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. 2 da.
 (duration) yrs. mos. 2 da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. C. Smith, M. D.

, 19 (Address) Sedalia 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 Benton Cem. R. F. D. Benton Co. Warsaw, Mo. DATE OF BURIAL 5-25-28

20. UNDERTAKER B. F. Parker ADDRESS La Monte

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.

