524 1820

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

Do not use this space.

File No. 27590
Registered No. .....

1. PLACE OF DEATH

County Jasper — Registration District No. 4 0 8
Township Marion — Primary Registration District No. 3 0 2 0
City Carthage (No. ....., ... St., ... Ward)

2. FULL NAME Louise Howe

(a) Residence. No. 1609 S. Garrison 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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26-1913

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	15	4	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School girl
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Carthage
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Howard L. Howe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fredonia
(STATE OR COUNTRY) Kan.
12. MAIDEN NAME OF MOTHER Cloie Watkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Butler
(STATE OR COUNTRY) Del.

14. INFORMANT Mr. H. L. Howe
(Address) Carthage, Mo.

15. FILED 8/5, 1928 Cecil Ketchum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 3rd 1928

17. I HEREBY CERTIFY, That I attended deceased from June 19th, 1927, to Aug 3rd, 1928, that I last saw her alive on Aug 3rd, 1928 and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Parenchymatous nephritis
11 mo
1 yr
9 mo (duration) 1 yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Pericarditis 7 days
Pleurisy with effusion 4 days
(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? ✓ Microscopic exd
(Signed) E. J. Burch, M. D.
, 19 (Address) Carthage

*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
Mt. Hope Cemetery	Aug. 6th 1928.

20. UNDERTAKER	ADDRESS
Knell Mortuary	Carthage

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.