

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

Do not use this space.

33709

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Kansas

Registration District No. ....  
Primary Registration District No. ....  
(No. 1420 West 24th)

File No. ....  
Registered No. 1250  
St. .... Ward)

**2. FULL NAME**

James Howard  
(a) Residence, No. 1420 West 24th St., 3 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 Male 4. COLOR OR RACE White 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) About 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
60

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Warden (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) Ireland

PARENTS

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT Dan Mulligan  
(Address) 1420 W 24th St

15. FILED 10/19/28 M. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., 19....., to 19....., 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis  
12/930

CONTRIBUTORY (SECONDARY) Chronic Anterior Nephritis

18. WHERE WAS DISEASE CONTRACTED 1290

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMS DIAGNOSIS?

(Signed) Henry C. Brown M. D.  
10/18 1928 (Address) Deputy Coroner

\*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

Providence, Rhode Island 10/19/28  
20. UNDERTAKER ADDRESS

Quirk & Tobin--20 W. Linwood K. G. M.

WRITE PLAINLY, WITH UNFADING INK---THIS IS PERMANENT RECORD

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.

