NOV 22 1928

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

Do not use this space.

3515N

1. PLACE OF DEATH
County: Saline
Township:
City: Marshall Mo. No. ..... St. ..... Ward)

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No. 159

2. FULL NAME: Lydia Howard

(a) Residence. No. ..... 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	85	5	0	

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

9. BIRTHPLACE (CITY OR TOWN) Carrington
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Joshua Heinlen
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mr. Howard (Son)
(Address) Marshall Mo.

15. FILED 10-15, 1928 Mrs. John H. McClure
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 3rd, 1928, to Oct 14th 1928 that I last saw h. alive on Oct 12, 1928, and that death occurred, on the date stated above, at 1 30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
Int. Fr.
Hip
998
..... (duration) 5 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Bronchitis
..... (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
O DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical exam
(Signed) H. Immerson, M. D
, 19 (Address) Marshall 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	DATE OF BURIAL
Ridge Park Cemetery	Oct. 14 1928
20. UNDERTAKER	**ADDRESS**
Sevrance Mortuary	Marshall Mo.

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.