22 1928

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

Do not use this space.

36328

1. PLACE OF DEATH
County Carter
Township Jackson
City
Registration District No. 144
Primary Registration District No. 5207
File No. 20
Registered No.
(No. 7, St. Ward)

2. FULL NAME Baby 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 Female
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) June 24 1927
7. AGE Years 1 Months 4 Days 25 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(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) Carter Co Mo.

PARENTS
10. NAME OF FATHER Mack Howard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Taney Co Mo.
12. MAIDEN NAME OF MOTHER Mamie Wagner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

14. INFORMANT Bert Howard
(Address) Garwood Mo.
15. FILED 12/15, 1928 Pearl Brooks REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-18 1928
17. I HEREBY CERTIFY That I attended deceased from 11-17, 1928, to 11-17, 1928, that I last saw him alive on 11-17-28, 19, and that death occurred, on the date stated above, at 4 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Marasmus
160
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Roy J Owens, M. D
11-18, 1928 (Address) Mill Spring 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 Green Cem.
DATE OF BURIAL 11-18 1928
20. UNDERTAKER None
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.