26 1928

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

Do not use this space.

36404

1. PLACE OF DEATH

County Clay. Registration District No. 198 File No.

Township Fishing River Primary Registration District No. 3011 Registered No. 115

City Excelsior Spgs (No. St. Ward)

2. FULL NAME Howard R Cinghan

(a) Residence. No. Ex Sanitorium St., Ward. Laramie Wyoming
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
72	1	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) General Merchandise

(c) Name of employer The Laramie Groc Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa.

PARENTS

10. NAME OF FATHER Un Known

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

12. MAIDEN NAME OF MOTHER Un Known

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

14. INFORMANT Herman Hegewald
(Address) Laramie Wyoming

15. FILED 11/17, 1928. Y.D. Craven REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 17, 1928 to Nov 17, 1928 that I last saw him alive on Nov 6, 1928, and that death occurred, on the date stated above, at 6 P.M. a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Secondary anemia 1928
Chronic Myocarditis 1928
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Lobar Pneumonia
(duration) yrs. mos. 3 ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.

(Signed) W. J. James, M. D

, 19 (Address) Bl. Spr. 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 Laramie Wyoming

DATE OF BURIAL Nov 20 1928

20. UNDERTAKER John C Prather

ADDRESS Ex Spgs

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.