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

Do not use this space.

1564

48 10 69

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kans — Primary Registration District No. — Registered No. 1227
City Kansas City Mo (No. Kansas City Gen'l Hosp St. Ward)

2. FULL NAME John B. Howard

(a) Residence. No. 4422 Walnut St., 7 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. 14 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)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Eva Howard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 12 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
	72	10	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(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) Ind.

PARENTS

10. NAME OF FATHER No record
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) [illegible] W Va
12. MAIDEN NAME OF MOTHER Howard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) No record

14. INFORMANT L. V. Barney
(Address) 1021 W. 71st Terrace

15. FILED 1-12 1929 M. W. Crane Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-25, 1928, to 1-10, 1929
that I last saw h.e.m. alive on 1-10, 1929, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial insufficiency
1 day
Acute
1 day (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Stricture of urethra
Hypertrophy of Prostate (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF About two ago
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinically
(Signed) P E Williams M. D
1-11, 1929 (Address) K. C. General Hospital

*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 Elmwood — DATE OF BURIAL 1-12 1929
20. UNDERTAKER Mrs C. L. Foster — ADDRESS K.C. Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A 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.

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