

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

Do not use this space.

2586

**1. PLACE OF DEATH**

County Monroe  
Township Paris  
City Paris (No. ....) St. .... Ward)

Registration District No. 582  
Primary Registration District No. 4344

File No. ....  
Registered No. 3

**2. FULL NAME**

(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. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>2. SEX</b> <u>Female</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)</b> <u>Married</u>	
<b>5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Olando Howe</u>			
<b>6. DATE OF BIRTH (MONTH, DAY AND YEAR)</b> <u>Apr. 13 - 1946</u>			
<b>7. AGE</b>	<b>YEARS</b> <u>82</u>	<b>MONTHS</b> <u>8</u>	<b>DAYS</b> <u>22</u>
<b>8. OCCUPATION OF DECEASED</b>			
(a) Trade, profession, or particular kind of work <u>At Home</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) .....			
(c) Name of employer .....			
<b>9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Indiana</u>			
<b>PARENTS</b>	<b>10. NAME OF FATHER</b> <u>John Madison</u>		
	<b>11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>N.K.</u>		
	<b>12. MAIDEN NAME OF MOTHER</b> <u>Roberts</u>		
<b>13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>N.K.</u>			
<b>14. INFORMANT</b> <u>W.C. Howe</u> (Address) <u>Paris, Mo.</u>			
<b>15. FILED</b> <u>1/5</u> 19 <u>29</u> <u>N.C. Payne</u> REGISTRAR			

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan. 5 1929

**17. I HEREBY CERTIFY** That I attended deceased from Aug. 1, 1928, to Jan. 5, 1929, that I first saw her alive on Jan. 5, 1929, and that death occurred, on the date stated above, at 7:45 P.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**  
Arteriosclerosis

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH: .....

**CONTRIBUTORY (SECONDARY)** 7/15 (duration) 5 yrs. mos. ds.

**19. DID AN OPERATION PRECEDE DEATH?** no. DATE OF .....

**20. WAS THERE AN AUTOPSY?** no.

**WHAT TEST CONFIRMED DIAGNOSIS?** Clinical  
(Signed) M.C. McManis, M.D.  
1/5, 1929 (Address) Paris, 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** Bridgewater, Iowa **DATE OF BURIAL** 1/9 1929

**20. UNDERTAKER** Speed & Blakely **ADDRESS** Paris, 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.

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