

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

Do not use this space.

4329

1. PLACE OF DEATH

County.....
Township.....
City.....
(No. of Ward)

Registration District No. **791**
Primary Registration District No. **1003**

File No.
Registered No. **958**
St. Ward)

2. FULL NAME

(a) Residence. No. **2917th Howard** St., **20** Ward.
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Negro</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>March 14, 1921</i>		
7. AGE	YEARS	MONTHS
	<i>1</i>	<i>10</i>
		DAYS
		<i>3</i>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <i>nil</i>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <i>St. Louis</i>		
(STATE OR COUNTRY) <i>Missouri</i>		
10. NAME OF FATHER <i>Wiley Howard</i>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <i>Alabama</i>		
(STATE OR COUNTRY)		
12. MAIDEN NAME OF MOTHER <i>Mal Ellis Randall</i>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <i>Mississippi</i>		
(STATE OR COUNTRY)		

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *1-17-1929*

17. I HEREBY CERTIFY That I attended deceased from *Dec 28, 1928*, to *Jan 17, 1929*, and that I last saw him alive on *Jan 17, 1929*, and that death occurred, on the date stated above, at *6 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Secondary
107A Bronchopneumonia
63 & Heber's (duration) yrs. mos. *30* da.

CONTRIBUTORY (SECONDARY)
1000 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
1000

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

20. WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?
Physician's Exam
(Signed) *Dr. Watkins*, M. D.
, 19 (Address) *3200 N. Cox*

*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.

14. INFORMANT *Mal Ellis Howard*
(Address) *2917th Howard*

15. FILED *21 1929* *May* *Stark* REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Washington Park Cemetery*
Howard

20. DATE OF BURIAL *1-21-1929*

21. ADDRESS *State Funeral Home 4107th St.*

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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