

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

Do not use this space.

32821

1. PLACE OF DEATH

County..... Wayne
Township..... Last Creek
City..... (No.....).....

Registration District No..... 892
Primary Registration District No..... 6189

File No.....
Registered No..... 19
St..... Ward.....

2. FULL NAME

Howard Junior

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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

S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28, 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>1</u>			<u>5</u>	

8. OCCUPATION OF DECEASED

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

(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) Scott Co Mo

10. NAME OF FATHER

P. K. Goodwin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Iron Co Mo

12. MAIDEN NAME OF MOTHER

Bessie Stinich

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Dallinger Co Mo

14.

INFORMANT..... P. K. Goodwin
(Address)..... Greenville, Mo

15.

FILED..... Sept 3, 1929 Mrs. Hattie McHugh
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2 - 19 29

17. I HEREBY CERTIFY That I attended deceased from.....
Aug 27, 1929, to Sept 2, 1929
that I last saw him/her alive on Aug 27, 1929, and that
death occurred, on the date stated above, at 2:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Iles. Colitis
(Dysentery)
13E
119B
16C
(duration) yrs. mos. 12 da.
CONTRIBUTORY.....
(SECONDARY)
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

Did an operation precede death? No DATE OF.....

WAS THERE AN AUTOPSY?..... No

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)..... Jno F Woynes, M. D.
Sept 2, 1929 (Address) Greenville, 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

Cross Roads Cem

DATE OF BURIAL

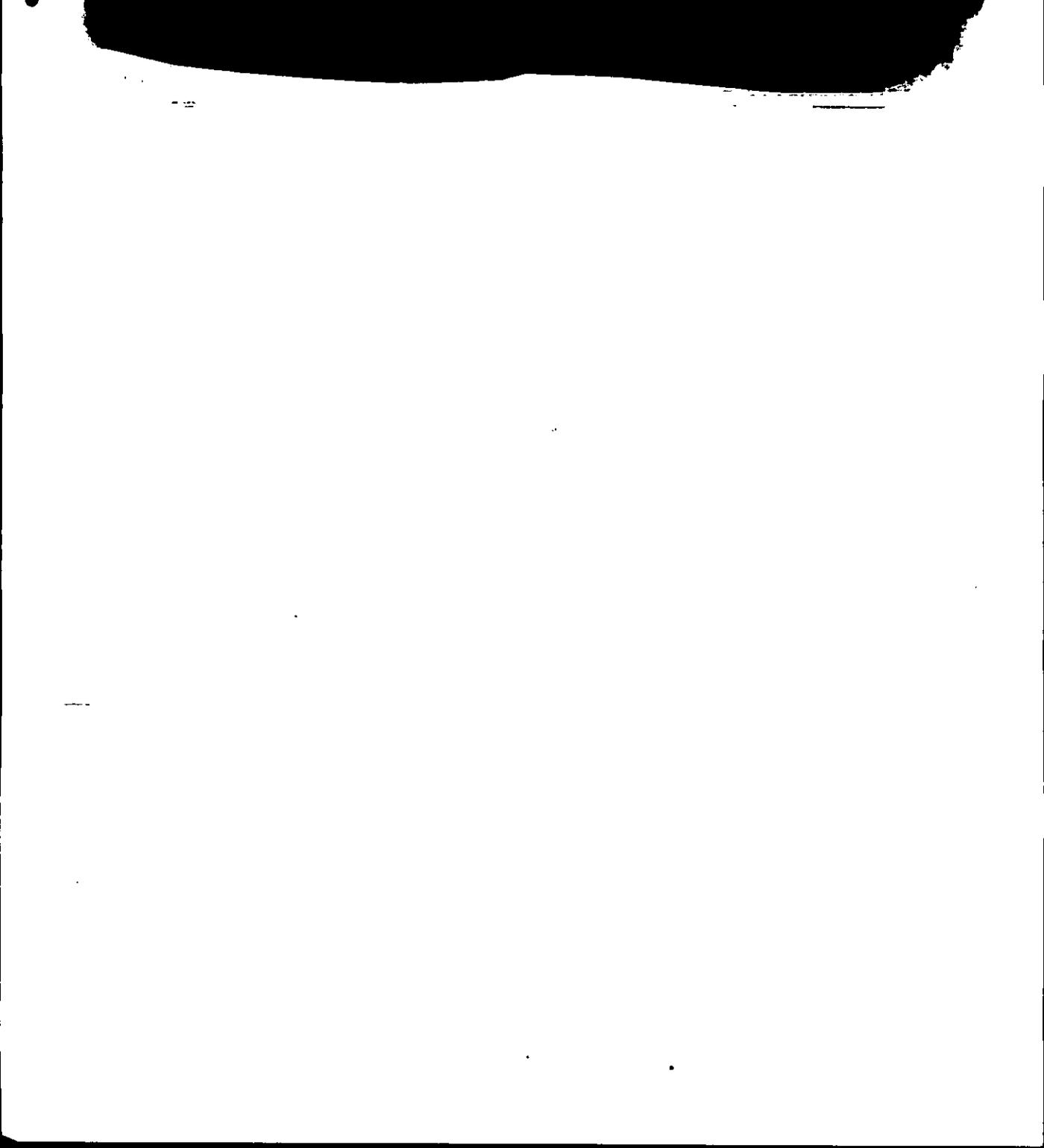
Sept 3 19 29

20. UNDERTAKER

ADDRESS

W. B. CATS

CT 24 1929



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