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

Do not use this space. 37114

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4582

Township Kaw — Primary Registration District No. 1003 — Registered No.

City Kansas City (No. 104 West Armour Blvd. St. Ward)

2. FULL NAME Edward H. Howe

(a) Residence. No. 104 West Armour Blvds. 5 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. 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 Carrie Howe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby. 23, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	75	8	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lockport
(STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER Ira S. Howe

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER Miss Woodroff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) not known

14. INFORMANT R. W. Clyne
(Address) 104 West Armour

15. FILED 11/6, 1929 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from April 4th 1927, 19 , to Nov 4th 1929 that I last saw him alive on Nov 4, 1929, and that death occurred, on the date stated above, at 12:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis, endocarditis (duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Obstructing Prostate gland with acute cystitis (duration) Cystitis yrs. mos. 10 ds.

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? Clinical & laboratory
(Signed) Saw, Ayres M. D.
11-6, 1929 (Address) 814 Argyle Bldg.

*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 Seneca Falls, N.Y. — DATE OF BURIAL 11-6-1929

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Plaza

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

814 Argyle Bldg.,
VI-9578
Hu 0890 50 E. 55 St. Ter.

St. Marys at 11 oclock