

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.

MAR 28 1930

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

Do not use this space.

5717

1. PLACE OF DEATH

County Mississippi Registration District No. 566
Township Springfield Primary Registration District No. 3030
City Charleston (No.) St. Ward)

File No.
Registered No. 18
St. Ward)

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lunda Howard</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 4, 1864</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>11</u>	DAYS <u>21</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Railroad laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>930</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Leontou, Ohio
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Silas Howard</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Sarah Smith</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT Lunda Howard
(Address) Charleston Mo.

15. FILED Feb 26 1930 REGISTRAR J. S. Vernon

MEDICAL CERTIFICATE OF DEATH 11 A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-25 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929, to Feb 25, 1930 that I last saw h. W. alive on Oct 10, 1929, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
with terminal
calillation

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 900
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. S. Love, M. D.

726, 1930 (Address) Charleston, 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 Oak Grove Cemetery DATE OF BURIAL 256 30

20. UNDERTAKER L. H. ... ADDRESS Charleston Mo.

Al. Jones

1/1

APR 11 1964