

APR 23 1930

MISSOURI STATEBOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

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1. PLACE OF DEATH

County Cape Girardeau, Mo. Registration District No. 120
Township Cape Girardeau, Mo. Primary Registration District No. 309
City Cape Girardeau, Mo. No. St. Mo. Hospital

File No.
Registered No. 328
St. Ward)

2. FULL NAME

(a) Residence. No. Jelma May Howard
(Usual place of abode) St. Steuwater, Mo. Ward.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 3 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 1 29

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Going to school
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau, County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER J. A. Howard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pett County
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Hattie Strong

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape County
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. J. A. Strong
(Address) St. Steuwater, Mo.

15. FILED 3/3/30 cc: [unclear]
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 1930

17. I HEREBY CERTIFY, That I attended deceased from 24 Feb 1930, to Mar 3 1930, that I last saw him alive on Mar 2 1930, and that death occurred, on the date stated above, at 12:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Debilis coma
59
130
(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) acute hepatitis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED While under no

IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Lob. Loeb
(Signed) J. B. [unclear], M. D.
, 19 (Address) Cape Girardeau 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 Thompson Cemetery DATE OF BURIAL March 19 30

20. UNDERTAKER Al Brunkopf ADDRESS 536 Broadway

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Capitola Registration District No. 125 File No. _____
 Township _____ Primary Registration District No. 3009 Registered No. 328
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Zelma May 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S
(Use the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 3-1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
X 11 X 6 X 0 X

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____ (duration) yrs. mos. ds.
 (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) _____

PARENTS

10. NAME OF FATHER _____
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER _____
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

14. INFORMANT _____ (Address) _____

15. FILED 576.30 McKee REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 3 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ after on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) _____ (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) _____, M. D.
 , 19 (Address) _____

*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 _____ DATE OF BURIAL _____ 19 _____

20. UNDERTAKER _____ ADDRESS _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY

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