OCT 29 1930

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

13069-1

Do not use this space. 13069-1

1. PLACE OF DEATH
County Jasper — Registration District No. 418 — File No. 2
Township Jasper — Primary Registration District No. 5572 — Registered No. 130
City ~~Asbury~~ (No. ..... St. ..... Ward)

2. FULL NAME Lloyd Winston 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: Male
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16-1930

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 2 hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Asbury
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Otto Howard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Council Bluff
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER E. Byler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Mo.

14. INFORMANT Otto Howard
(Address) Asbury - Mo

15. FILED April 16 1930 M. H. Coleman Dep. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1930, to Apr 16 1930 that I last saw him alive on Apr 16, 1930 and that death occurred, on the date stated above, at 8 a m.

THE CAUSE OF DEATH* ~~WAS AS FOLLOWS:~~ Atelectasis Congenital

1618

about 1 hr
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)
16 2
(duration) ..... yrs. ..... mos. ..... 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?
(Signed) O. L. Alberty M.D.
Apr 16 1930 (Address) Carl Junction 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: Pleasant Hill - Mo
DATE OF BURIAL: Apr 16 1930

20. UNDERTAKER: C B Rooney
ADDRESS: Carl Jct Mo

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.