

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

Do not use this space.

4

15225

1. PLACE OF DEATH

County Andrew
 Township.....
 City Savannah

Registration District No. 13
 Primary Registration District No. 4070
 No. St. Nicholls' Sanatorium

File No. 25
 Registered No. 25
 St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward. Jacksonville Illinois
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 6 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 9 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work old soldier
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Jacksonville
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER William Howard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) unknown

14. INFORMANT Mrs. Dona Lawrence
 (Address) Jacksonville Illinois

15. FILED May 19 1930 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 19 30

17. I HEREBY CERTIFY, That I attended deceased from May 12 1930 to May 18 1930 that I last saw him alive on May 18 1930, and that death occurred, on the date stated above, at 6:45 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82A
97
 (duration) yrs. mos. 1 ds.
 CONTRIBUTORY arteriosclerosis
 (SECONDARY) (duration) 13 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Don't know
 IF NOT AT PLACE OF BIRTH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
5/18 (Signed) J. M. Muthers M. D.
 19 30 (Address) Savannah 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 Jacksonville Illinois DATE OF BURIAL May 20 19 30

20. UNDERTAKER Frank a Bowman ADDRESS Savannah 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.

JUN 24 1930

