

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

Do not use this space.

22730

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No.)

Registration District No. 398
Primary Registration District No. 5554

File No.
Registered No. 217
St. Ward)

2. FULL NAME

(a) Residence. No. East Walnut St., 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male

white

Single

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

Single

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

April 27 1927

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

3

2

4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Independence

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Charles Byron Howe

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Kansas City

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Lena E. Garland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Newark

(STATE OR COUNTRY)

Illinois

14. INFORMANT

Lena E. Howe
(Address) East Walnut

15. FILED

7-2 1930 Dr. Ed Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

7-1-1930

17.

I HEREBY CERTIFY That I attended deceased from

19, to 19

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Skull Fracture
206M

CONTRIBUTORY (SECONDARY)

Automobile Collision
with Mrs. Rly. Indegrove

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [Signature] M. D.

7/2, 1930 (Address) Dudley

*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

Wooded Grove

7-2-1930

20. UNDERTAKER

ADDRESS

C. D. Carson & Sons

Independence, 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.

1930

