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

Do not use this space.

23178

File No. 3174
Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 395
Township Kaw — Primary Registration District No. 1902
City Kansas City (No. Lake Side Hospital St. Ward)

2. FULL NAME Andrew I. Howard

(a) Residence. No. (Usual place of abode) St., Ward. New Canton, Illinois (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) August 12, 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	69	11	18	

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

9. BIRTHPLACE (CITY OR TOWN) New Canton
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Henry Howard
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Matildy Crump
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pike County
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. C. M. Lewis
(Address) 705 E. 48th St.

15. FILED 8/1, 1930 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 30, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 28 1930 to July 30 1930 that I last saw him alive on July 30 1930, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious Anemia
7/A
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(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? Blood count

8/1, 1930 (Signed) L. J. Herst, M. D.
(Address) K C 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~~: Mt. Moriah Cemetery — DATE OF BURIAL: 8-1-1930

20. UNDERTAKER: Shire & McClure — ADDRESS: 3235 Gillham Pkwy

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.