

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

Do not use this space.

23379

1. PLACE OF DEATH

County DeKalb

Registration District No. 449

Township

Primary Registration District No. 4767

City Lebanon mo (No. _____)

File No. 1576

Registered No. 1584

St. _____ Ward _____

2. FULL NAME Joyce 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

F

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

J. E. Howard

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

Jan 13 - 1850

7. AGE

YEARS

80

MONTHS

5-

DAYS

23

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

Housewife

(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)

Kentucky

10. NAME OF FATHER

Robert Graham

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Elizabeth Cunningham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

14. INFORMANT

(Address)

J. E. Howard
Lebanon

15. FILED

7-8 1930

J. E. Blichowsky
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1930

17. I HEREBY CERTIFY, That I attended deceased from March 19 1930 to July 6 1930

that I last saw her alive on July 6 1930, and that death occurred, on the date stated above, at 8:00 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Arterio Sclerosis -

97

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

913

(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Physical Exam

(Signed) P. Thompson M. D.

(Address) Lebanon 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

DATE OF BURIAL

Lebanon Cemetery 7/9 1930

20. UNDERTAKER

ADDRESS

Holman Stewart Lebanon 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.

AUG 26 1930

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