

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

Do not use this space.

31529

File No. **9142**
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **22809 1/2 Wash**) St. _____ Ward _____

2. FULL NAME

James Mc Howell
(a) Residence No. **2809 1/2 Wash** St. **21** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **col** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 15 1930**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Annie Mc Howell**

17. I HEREBY CERTIFY, That I attended deceased from **Sept 12**, 19**30**, to **Sept 15**, 19**30**, that I last saw him alive on **Sept 15**, 19**30**, and that death occurred, on the date stated above, at **3 PM** m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 29-1886**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myo-Carditis

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
44 5 17

93A 88B (duration) _____ yrs. _____ mos. _____ ds.

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

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn**

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER **Morgan Mc Howell**

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Washington Park**

12. MAIDEN NAME OF MOTHER **unknown**

WHAT TEST CONFIRMED DIAGNOSIS (Signed) **J. H. ...**, M. D.
Sept. 20, 1930 (Address) **920 Jefferson**

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

*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.

14. INFORMANT (Address) **Annie Mc Howell**
2809 1/2 Wash St

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Washington Park** DATE OF BURIAL **Sept 20 1930**

15. FILED **22** **Max L. ...** REGISTRAR

20. UNDERTAKER **Bernent - son** ADDRESS **2700 Wash St**

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.

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