

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

Do not use this space.

35738

File No. _____
Registered No. 19
St. _____ Ward _____

1. PLACE OF DEATH
County Lagrange Co Registration District No. 255-
Township Colfax Primary Registration District No. 5352
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME George N Howard
(a) Residence No. St Joseph Mo 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. 2 mos. 2 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** Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Ann Lee N Howard
(or) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-31-1866

7. AGE YEARS 70 MONTHS 7 DAYS 17
If LESS than 1 day, _____ hrs. _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) Stuartville Mo
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Nathaniel Howard

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

12. MAIDEN NAME OF MOTHER Prudence Karns

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

14. INFORMANT Mrs George N Howard
(Address) St Joseph Mo

15. FILED 11/18 1930 DM Clayette
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1930, to Nov 17, 1930, that I last saw him alive on Oct 10, 1930 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular disease Heart
92.4 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 90.0 (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

21. WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) J. P. Frankel, M. D.
11-18-1930 (Address) Cameron 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 Memorial Park St Joseph **DATE OF BURIAL** 11/19/30

20. UNDERTAKER J W Poland **ADDRESS** Cameron

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.

22 1930

