

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

Do not use this space.

8549

1. PLACE OF DEATH

County Vernon
Township.....
City Nevada (No. 124)

Registration District No. 875
Primary Registration District No. 3239
South Washington

File No. Sel King
Registered No. 65 Ward

2. FULL NAME

Elle b. Howard

(a) Residence, No. 124 South Washington Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED widow by death HUSBAND OF (OR) WIFE OF of Dr. D. W. Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1848

7. AGE YEARS 82 MONTHS 10 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 2 35
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 92
10. Date deceased last worked at this occupation (month and year) 95 11. Total time (years) spent in this occupation 97

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tiffin, Ohio

FATHER 13. NAME Francis Joseph Greulich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darmstadt 10 Germany

MOTHER 15. MAIDEN NAME Mary Magdalena Guncher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosvine 9 France

17. INFORMANT Mrs. J. L. Leeds (sister) (ADDRESS) Crown Point, Indiana

18. BURIAL, CREMATION OR REMOVAL PLACE Nevada, Mo. DATE March 2, 1931

19. UNDERTAKER Ferry Bros. (ADDRESS) Nevada, Mo.

20. FILED 3-11-1931 E. R. King Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from 1928, to Feb 28, 1931
I last saw her alive on Feb 28, 1931. Death is said to have occurred on the date stated above, at 2:09 m.

The principal cause of death and related causes of importance were as follows:
Cardiac decompensation from chronic valvular heart disease Date of onset 2-18-31

Other contributory causes of importance: Paralysis agitans, Gangrene of left leg

Name of operation none Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) E. R. King, M. D.
(Address) Nevada, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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