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.

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

APR 21 1931

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

Do not use this space.

9038

File No.

Registered No. 20

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 124
Township ~~Bend~~ — Primary Registration District No. 4070
City Jackson Mo. (No. ..... St. ..... Ward)

2. FULL NAME James H Howard
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Brown Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 - 1856

7. AGE: 74 YEARS — MONTHS: 3 — DAYS: 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer 93C
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 110B
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 114B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo.

FATHER
13. NAME Henderson W Howard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo.

MOTHER
15. MAIDEN NAME Mary Huston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Harry Howard, Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Russell Heights DATE Mar 14, 1931

19. UNDERTAKER (ADDRESS) McCombs Furn & Wed Co. Jackson Mo.

20. FILED 3-13, 1931 D. G. Sieber, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1930, to March 12, 1931
I last saw him alive on March 3, 1931. Death is said to have occurred on the date stated above, at 5:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic pleurisy with Effusion in left pleural cavity	
Immediate Cause of death was a sudden severe hemorrhage of pulmonary or pleurismal origin	
Impossible to say which as patient was dead on my arrival	

Other contributory causes of importance

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) B. W. Hays, M. D.
(Address) Jackson, Mo.