

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

Do not use this space.

10831

1. PLACE OF DEATH

69 County MONROE Registration District No. 582
 4 Township _____ Primary Registration District No. 4344
 2 City PARIS (No. _____ St. _____ Ward _____)

2. FULL NAME

ELIZA JANE HOWARD
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) about 9 yrs. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 Lucien Howard
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18, 1856
 7. AGE YEARS 74 MONTHS 6 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

13. NAME Thomas Smithy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

15. MAIDEN NAME Mary Jane Mappin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT Lloyd Howard (ADDRESS) Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Heard Hill DATE 3/6 1931

19. UNDERTAKER Speed & Blakely (ADDRESS) Paris, Mo.

20. FILED 3/5 1931 J. H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1931 to Mar 5, 1931

I last saw h. alive on Mar 5, 1931 Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Mar 5

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Other contributory causes of importance: none known

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cerebral 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 _____, 1931

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) H. C. Payne, M. D.
 (Address) Paris, Mo.

INFORMATION SHOWN HEREIN IS A PUBLIC RECORD
 AGE should be stated EXACTLY. PHYSICIAN should state
 DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 APR 24 1931

