

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

Do not use this space.

25362

**1. PLACE OF DEATH**

County Jasper Registration District No. 408  
 Township Carthage Primary Registration District No. 3020  
 City Carthage Brooks Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lee S. Howard  
 (a) Residence, No. 721 E. Bullong St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
17 1 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-Boy

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) Osage Missouri

13. NAME John J. Howard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lacooche Missouri

15. MAIDEN NAME Ruth Groover

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portsmouth Missouri

17. INFORMANT (ADDRESS) John J. Howard 721 E. Bullong, Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage Cemetery DATE July 9, 1931

19. UNDERTAKER (ADDRESS) K. Hall, Mortuary Carthage, Missouri

20. FILED July 9, 1931 O. N. Fitcham Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4, 1931 to July 8, 1931  
 I last saw him alive on July 8, 1931. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Subacute parenchymatous nephritis Date of onset Mar 20  
130  
1320 / 130  
 Other contributory causes of importance: Wernicke July 4

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Wine Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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?  
 If so, specify \_\_\_\_\_  
 (Signed) H. A. LaFaree M. D.  
 (Address) Carthage Mo

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.

JUL 25 1931

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