

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.

Aug 29 1931

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

Do not use this space.

27372

1. PLACE OF DEATH

County North
Township Witchell
City Grant City (No. 1 St. 1 Ward)

Registration District No. 903

Primary Registration District No. 45-45

File No. 17

Registered No. 17

2. FULL NAME

(a) Residence. No. James Benjamin Howard St. 1 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Rachel Ann Howard

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

Feb 14, 1856

7. AGE

YEARS 75

MONTHS 4

DAYS 19

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

General laborer

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Don't know
Kentucky

10. NAME OF FATHER

Quiney Howard

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

Don't know
Kentucky

12. MAIDEN NAME OF MOTHER

Polly Kidwell

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

Don't know
Kentucky

14.

INFORMANT

(Address)

Mrs. Rachel Howard
Grant City, Mo

15.

FILED

8/10 31 John Henderson
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

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

July 2 1931

17.

I HEREBY CERTIFY, that I attended deceased from June 20, 1931 to July 3, 1931 that I last saw him alive on July 2, 1931 and that death occurred, on the date stated above, at Grant City, Mo

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Exhaustion of liver.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? NO DATE OF NO

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

8/5, 1931 (Address)

*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

DATE OF BURIAL

Kidwell Cem.

7/5 1931

20. UNDERTAKER

ADDRESS

Arch C. Duffee Grant City.

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