

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

Do not use this space.

41326

**1. PLACE OF DEATH**

County Jasper  
Township Marion  
City 2 mi N. of Marion (No. ....)

Registration District No. 413  
Primary Registration District No. 5-5-9 e.

File No. ....  
Registered No. 33  
St. .... Ward)

**2. FULL NAME**

Hattie Ellen Howard

(a) Residence No. .... St., .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 53 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 married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 19-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
55 3 20

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Grant Co. Ind.  
(STATE OR COUNTRY)

10. NAME OF FATHER Isaac Wink

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no record

12. MAIDEN NAME OF MOTHER J. Howardson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no record

14. INFORMANT L. G. Howard  
(Address) Marion

15. FILED 12:12, 1931 J. E. Weaver REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 9 1931 to Dec 9 1931 that I last saw him alive on Dec 9 1931, and that death occurred, on the date stated above, at 11:15 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Indeterminate Abdominal Carcinoma  
530 (duration) 53E yrs. mos. ds.  
27

CONTRIBUTORY Arterial Sclerosis  
(SECONDARY) (duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) J. W. Garrison, M. D.  
Dec 10, 1931 (Address) 202 Superior - Joplin Mo.

\*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 Howard Cemetery - Joplin Mo. DATE OF BURIAL Dec 13 1931

20. UNDERTAKER C. B. Garrison ADDRESS Coalfield 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.

