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

Do not use this space.

1. PLACE OF DEATH
County: Lawrence — Registration District No. 470 — File No. 61624
Township: Mt Vernon — Primary Registration District No. 5633 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: O.W. 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. 9 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sallie Howard Husband.
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 16 - 1886
7. AGE: Years 75 — Months 3 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer.
(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): Mo.
PARENTS
10. NAME OF FATHER: Alvis Howard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Jane Montgomery
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
14. INFORMANT: Mrs. O W Howard. (Address) Mt Vernon Mo.
15. FILED 10, 1932 W J Fulton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 30 1932
17. I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1932, to Jan. 31st, 1932, that I last saw him alive on Jan. 30th, 1932, and that death occurred, on the date stated above, at about 1:30 P.M. the 30
THE CAUSE OF DEATH* WAS AS FOLLOWS: Positive signs of gangrene and cancer troubles from prostrate bland and near sigmoid colapse (duration) 3 yrs. 7 mos. ds.
CONTRIBUTORY (SECONDARY): Bad soaking, slough ing & vomiting (duration) 4 yrs. 15 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? colapse of bowels with blood
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? not desirable
WHAT TEST CONFIRMED DIAGNOSIS? Prostate & above
(Signed) Connections Dr. M. R. Maxwell
19 (Address) Mt. Vernon, 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: Orang Cem — DATE OF BURIAL: Feb 1 1932
20. UNDERTAKER: Phillips & Fossett — ADDRESS: Mt Vernon Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
FEB 24 1932

I realize cause of death here is a little obscure, but is about best we can get so no use returning it Dr.Maxwell is our leading Osteopath Dr.

CO.

MT. VERNON, MO.

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.....M. D.