

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

Do not use this space.

**13299**

**1. PLACE OF DEATH**

68 County Monticau Registration District No. 575  
 4 Township Wickliffe Primary Registration District No. 4339  
 3 City Lepton (No. ....) St. .... Ward)

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

**2. FULL NAME** L. O. 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. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED: WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maunie Howard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 26, 1854</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>2</u>
	DAYS <u>7</u>	If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer (retired)</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>	
	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) <u>Morgan County, Mo.</u>		
FATHER	13. NAME <u>James B. Howard</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monticau Co., Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Maatha Bowen</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan County, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. E. J. Dood, Lepton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Morgan Lepton</u> DATE <u>4-4-1932</u>		
19. UNDERTAKER (ADDRESS) <u>Jewell E. Richards, Lepton, Mo.</u>		
20. FILED <u>4-2-32</u> 19 <u>32</u> <u>Mrs. Sarah True</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-2/20, 1932 Apr 2, 1932  
 I last saw him alive on Apr 2, 1932. Death is said to have occurred on the date stated above, at 2: P. m.  
 The principal cause of death and related causes of importance were as follows:  
Pericarditis Anemia Date of onset

Other contributory causes of importance:  
71A 71A  
X Ⓛ

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Blood 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 ..... 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? No  
 If so, specify .....  
 (Signed) S. H. Redmon, M. D.  
 (Address) Lepton Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 26 1932

