

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.

III 21 1932

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

Do not use this space.

18840

1. PLACE OF DEATH

County Caldwell Registration District No. 93  
Township Davis Primary Registration District No. 4055  
City Brainer (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 11

2. FULL NAME George Henry Howard

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred X yrs. 9 mos. ) ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Sophia Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4th, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 1 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 55

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) 6/1/32 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 31

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Mrs. Henry Howard, (ADDRESS) Brainer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen DATE 6/16/32

19. UNDERTAKER B. F. Mead (ADDRESS) Brainer, Mo.

20. FILED June 16, 1932 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14/32 19

22. I HEREBY CERTIFY That I attended deceased from June 10, 1932, to June 14, 1932. I last saw him alive on June 9, 1932. Death is said to have occurred on the date stated above, at 9:50 a.m.

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

Cerebral hemorrhage apoplexy

Other contributory causes of importance:

Date of onset June 10, 1932

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

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? If so, specify \_\_\_\_\_ (Signed) Henry H. Patterson, M. D.

(Address) Brainer, Mo.

732-6-14  
1882-5-4  

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