

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

Do not use this space.

20240

**1. PLACE OF DEATH**

72 County Sevier, Madrid  
Township Anderson  
City (No. ....) .....

Registration District No. 55  
Primary Registration District No. 4022  
6262

File No. 9  
Registered No. 782965  
St. .... Ward)

**2. FULL NAME**

David Howard

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

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**

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 Clara Howard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
56 1 19

**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) Ill 2  
(STATE OR COUNTRY)

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT James Booth  
(Address) Malden MO

15. FILED July 1932 W. W. Murrell  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4<sup>th</sup> 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10<sup>th</sup> 1930, to June 4<sup>th</sup> 1932 that I last saw him alive on Sept. 1<sup>st</sup> 1930, and that death occurred, on the date stated above, at 1:30 p. m.

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

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) Chronic Myocarditis  
(duration) 3 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED (1)

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH. no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) S. E. Mitchell, M. D.

, 19 (Address) Malden 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 DATE OF BURIAL

Stanfield Cemetery 6-6-1932

20. UNDERTAKER ADDRESS

none ✓

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.

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

AUG 25 1932

