

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

Do not use this space.

30594

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. CDP  
City St. Louis (No. 3701, Hickory St. .... Ward)

File No. ....  
Registered No. 8257 St. .... Ward)

**2. FULL NAME** Julia Howard

(a) Residence, No. 3701 Hickory St., 18 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mack Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Abt. 60 - - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
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) St. Louis 1  
Missouri

FATHER 13. NAME William Fluker

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

MOTHER 15. MAIDEN NAME Katherine Burns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia  
Missouri

17. INFORMANT (ADDRESS) Mary Fluker  
3701 Hickory St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE 9/14 1932

19. UNDERTAKER (ADDRESS) C. W. Roberts  
3035 Lucas Ave.

20. FILED SEP 14 1932 W. H. Anderson Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9-1932

22. I HEREBY CERTIFY, That I attended deceased from April 1930, to Sept 9 1932  
I last saw her alive on Sept 9 1932. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Hepatic Cirrhosis Date of onset unknown  
12 4/5  
97 / 12 4/5 (B)

Other contributory causes of importance:

Arterio Sclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? Chemical Was there an autopsy? Yes

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) S. E. Moore, M. D.

(Address) 809 E. Jefferson

WRITE PLAINLY, WITH UNFADING INK. THIS IS A VITAL 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.

