

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

MAR 31 1933

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

Do not use this space.

4463

1. PLACE OF DEATH

County Vernon
Township Coal
City Herry Howard (No. 615)

Registration District No. 870
Primary Registration District No. 6155

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna M Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 19

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

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loggotee Ind

13. NAME Herry Howard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. York State

15. MAIDEN NAME Nancy Cray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loggotee Ind

17. INFORMANT (ADDRESS) E. Howard

18. BURIAL, CREMATION, OR REMOVAL PLACE Deerfield DATE Jan 27, 1933

19. UNDERTAKER (ADDRESS) Cherry Brothers

20. FILED Jan 26 1933 Mrs W B P Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1933

22. I HEREBY CERTIFY That I attended deceased from Sept 15, 1932, to Jan 25, 1933

I last saw him alive on Jan 24, 1933. Death is said to have occurred on the date stated above, at 9:30 p. m.

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

Cancer of Stomach
H&B
4663
Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? X-ray 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? _____
If so, specify _____

(Signed) A. D. Prentiss, M. D.
(Address) Deerfield Mo

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.

Deerfield
Cherry Brothers

