

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

Do not use this space.

5838

48 1. PLACE OF DEATH
 County Jackson Registration District No. 399
 10 Township New Primary Registration District No. 8002
 9 City Jackson City (No. 1020 Hydea 8002) St. 2 Ward 791
 2. FULL NAME Andrew L. Howard
 (a) Residence, No. 1020 Hydea St. 2 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

3. SEX m. 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1884
 7. AGE YEARS 49 MONTHS 10 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as splinter sawyer, bookkeeper, etc. Chain Porter
 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) Jackson
 13. NAME Thos. Howard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 15. MAIDEN NAME Mildred Turner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.
 17. INFORMANT Laney Howard
 (ADDRESS) 1714 E. 24th Street
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hillsburg, Mo. DATE 7/19/33
 19. UNDERTAKER Haffkins Bros
 (ADDRESS) 724 Hydea
 20. FILED 2-17-33 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/16/33
 22. I HEREBY CERTIFY, That I attended deceased from 7/25/1933, 1933, to 2/16/1933, 1933
 I last saw him alive on 7/16/33, 1933 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
108 Lobar Pneumonia
 Date of onset _____
 Other contributory causes of importance: 108
 Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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) Eugene Perry M. D.
 (Address) 1716 E 12th

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.

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J. C. Pury.