

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

MAR 3 1933

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.

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

Do not use this space.

1. PLACE OF DEATH  
 114 County Wright Registration District No. 907  
 21 Township Franklin Valley Primary Registration District No. 4548  
 60 City Manassah (No. ....) St. .... Ward .....

2. FULL NAME Jessie A. 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 78 yrs. 10 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 8346  
 Registered No. 7

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 William A. Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18-1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>78</u>	<u>10</u>	<u>17</u>	

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. ....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. 46 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Tennessee

MOTHER FATHER

13. NAME Albe Poley

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

15. MAIDEN NAME Polly Poley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT William A. Howard  
(ADDRESS) Manassah Tenn

18. BURIAL, CREMATION, OR REMOVAL PLACE Manassah Tenn DATE Feb 6 1933

19. UNDERTAKER J. A. Fuson  
(ADDRESS) Manassah Tenn

20. FILED Feb 6 1933 J. A. Fuson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1933 to Feb 5 1933  
 I last saw her alive on Feb 4 1933. Death is said to have occurred on the date stated above, at 2:15 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Feb 5 1933  
 Date of onset 2/1-33

Other contributory causes of importance: J. A. Howard

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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 .....  
 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) J. A. Fuson, M. D.  
 (Address) Manassah Tenn

