

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

Do not use this space.

1. PLACE OF DEATH

7 County Bates Registration District No. 50
Township Summit Primary Registration District No. 5076
City (No. _____) St. _____ Ward _____

File No. 15666
Registered No. 30

2. FULL NAME

Clarence R. 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 <u>Male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Don't know</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't know 1888</u> | | |
| 7. AGE YEARS <u>45</u> | MORTHS <u>Don't know</u> | DAYS <u>Don't know</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teacher in</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>William Jewell College</u> | |
| | 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) <u>Washington Iowa</u> | | |
| FATHER | 13. NAME <u>Don't know</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u> | |
| | 15. MAIDEN NAME <u>Don't know</u> | |
| MOTHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u> | |
| | 17. INFORMANT (ADDRESS) <u>John Davis West W. College Liberty Mo</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty mo</u> DATE <u>May 22 1933</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Haesal Funeral Home Liberty mo</u> | | |
| 20. FILED <u>May 15 1933</u> <u>Thos L. Culver</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:
Killed in automobile wreck by being crushed under car
chest crushed - died on way to hospital.

Other contributory causes of importance:
hospital

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: accident Date of injury 5/18 1933
Where did injury occur? May 18 1933 Bates Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
on Highway 52 Bates Co.
Manner of injury auto wreck
Nature of injury fatal - chest crushed

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) RAC [Signature] M. D.
(Address) Coroner of Bates Co Mo.

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.

JUN 20 1933

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