

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.

III 21 1933

Larkin

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

Do not use this space.

19175

1. PLACE OF DEATH

21 County *Chariton* Registration District No. *169*
Township *Putnam* Primary Registration District No. *5235*
City *Brunswick* (No. _____) St. _____ Ward _____

File No. _____
Registered No. *38*
St. _____ Ward _____

2. FULL NAME

Morgan *Howard*
(a) Residence, No. _____ St. _____ Ward _____
(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 <i>Male</i> | 4. COLOR OR RACE <i>white</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>yes</i> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 19-18-1867</i> | | | | |
| 7. AGE YEARS <i>65</i> | MONTHS <i>11</i> | DAYS <i>25</i> | If LESS than 1 day, _____ hrs. or _____ min. | |
| OCCUPATION | | | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i> | | | | |
| 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) <i>Kentucky</i> | | | | |
| FATHER | | | | |
| 13. NAME <i>Don't know</i> | | | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky</i> | | | | |
| MOTHER | | | | |
| 15. MAIDEN NAME <i>Don't know</i> | | | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky</i> | | | | |
| 17. INFORMANT <i>Fred. Howard</i> (ADDRESS) <i>Brunswick, Mo.</i> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Kenterville</i> DATE <i>June 6, 1933</i> | | | | |
| 19. UNDERTAKER <i>Hyde & Ginnett</i> (ADDRESS) | | | | |
| 20. FILED <i>June 1933</i> <i>D. E. Satum</i> Registrar. | | | | |

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 4*, 19*33*

22. I HEREBY CERTIFY that I attended deceased from *March 1*, 19*33*, to *June 4*, 19*33*
I last saw him alive on *March 1*, 19*33*. Death is said to have occurred on the date stated above, at *99* m.
The principal cause of death and related causes of importance were as follows:
Chronic Valvular Disease of heart
asthma
Date of onset _____

Other contributory causes of importance: _____

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 _____, 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) *R. R. Price*, M. D.
(Address) *Putnam Mo*

