CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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

Do not use this space.

27044

1. PLACE OF DEATH

66 County Miller — Registration District No. 561 — File No.

Township Saline — Primary Registration District No. 5755 — Registered No. 42

City ~~Eldon~~ (No. ..... St. ..... Ward)

2. FULL NAME Charles T. Howard

(a) Residence, No. ..... St., ... 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 W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Georgia Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1876

7. AGE — YEARS 57 — MONTHS 6 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County

FATHER

13. NAME Joe Howard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Sally Clay Woody

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

17. INFORMANT (ADDRESS) Seth Howard Eldon. Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE Union Cem Camden Co. Mo — DATE 8-17, 1933

19. UNDERTAKER (ADDRESS) Phillips Funeral Home

20. FILED 8-16, 1933 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 1933 to 8-15, 1933

I last saw him alive on 8-15, 1933 Death is said to have occurred on the date stated above, at 9.05 P.m.

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

	Date of onset
meningitis	7-5-33
V3A	
MA 23	

Other contributory causes of importance: Pulmonary tb

Name of operation none — Date of 8-16-29

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? no

If so, specify

(Signed) E. G. Shelton, M. D.

(Address) Eldon Mo