

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.

JAN 3 1934

Dr. Harrison  
**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

35568

1. PLACE OF DEATH  
 County Andrew Registration District No. 26  
 Township Salt River Primary Registration District No. 3002  
 City Mexico Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 File No. \_\_\_\_\_  
 Registered No. 161

2. FULL NAME Mrs Ferd Howard  
 (a) Residence, No. E. Moore St. 1 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF after Jan 15 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 - 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>86</u>	<u>8</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. House holder

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) High Point N.C.

13. NAME Paper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME D. N. unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. N. unknown

17. INFORMANT Mr. Frank Sanford  
 (ADDRESS) Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mexico Mo. DATE Nov 10 1933

19. UNDERTAKER McPheters Bros.  
 (ADDRESS) Mexico Mo.

20. FILED Nov 10 1933 E. S. Milligan  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 8 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1933 to Nov 8 1933  
 I last saw him alive on not, 1933 Death is said to have occurred on the date stated above, at 6 a.m.  
 The principal cause of death and related causes of importance were as follows:

90A  
93D  
97 Anginal pectoris

Other contributory causes of importance:  
myocardial  
arterial sclerosis

Date of onset \_\_\_\_\_

23. 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. Harrison, M. D.  
 (Address) Mexico Mo

