

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 26 1934

Ferry

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

Do not use this space.

42387

1. PLACE OF DEATH
108 County Vernon Registration District No. 875
Township Windsor Primary Registration District No. 6162
City Nevada-mo (No. St. Ward)

2. FULL NAME Geo. W. Howard
(a) Residence, No. State Hospital #3 St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 31 yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, or min.
	<u>71</u>	<u>9</u>	<u>9</u>	

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 —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME not known

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

15. MAIDEN NAME not known

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

17. INFORMANT Co. Clerk-Johnson Co. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE hospital cemet DATE 12-29-1933

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Nevada-mo.

20. FILED 12/28 1933 W. M. Henson Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27 1933

22. I HEREBY CERTIFY That I attended deceased from Sept 9, 1922, to Dec 28, 1933
I last saw him alive on 12-27-1933 Death is said to have occurred on the date stated above, at 5-15 P. m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis Date of onset 9
930
97
9302
Other contributory cause of importance myocardial insufficiency 7

Name of operation none Date of —
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) T. T. Dell, M. D.
(Address) Nevada, Mo.

