

WHITE 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.

16-104

APR 25 1934

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

Do not use this space.

8861

PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaon Primary Registration District No. 1002
City Kansas City, Mo. (Not Leavenworth, Major 31 E Leavelle) St. _____ Ward _____

File No. _____
Registered No. 1048
St. _____ Ward _____

2. FULL NAME

John W. Howee
(a) Residence No. Merced Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-3-1850

7. AGE YEARS 84 MONTHS 0 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

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) Leavelle Co Mo

13. NAME Robert Howee

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

15. MAIDEN NAME Miss Harper

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

17. INFORMANT Miss Lucile Howee
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Merced Mo DATE 3/7 34

19. UNDERTAKER (ADDRESS) U. V. MAST FUNERAL HOME, Inc.
2146 Main St

20. FILED 3/6 1934 M. M. Crowe
West Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 26th, 1934, to March 5th, 1934

I last saw him alive on March 5th, 1934. Death is said to have occurred on the date stated above, at 11:48 p.m.

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

apoplexy (cerebral hemorrhage)
62A
97
162

Date of onset

Mar 34

Other contributory causes of importance:
Senile Psychosis with cerebral arteriosclerosis

Name of operation: _____ Date of _____

What test confirmed diagnosis? _____ 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) Herman S. Major, M. D.

(Address) 3100 Euclid Ave
Kansas City, Mo.

