

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.

APR 25 1934

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

Do not use this space.

9083

1. PLACE OF DEATH

County Jackson Registration District No. 100
Township Blue or Leeds Primary Registration District No. 100
City Kansas City Mo (No. Leeds Hospital) St. Mo Ward 100

File No. 1200
Registered No. 1200
St. Mo Ward 100

2. FULL NAME

George Howard
(a) Residence, No. 1424 Kensington St., 1026 Ward Parfield
(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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
42 8 9

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

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) Lipton Missouri

13. NAME Wesl Howard

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

15. MAIDEN NAME Bessie Shind

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

17. INFORMANT Kansas City 7th Hospital
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 3-24 1934

19. UNDERTAKER A. B. Moore
(ADDRESS) 1820 E. 8th

20. FILED Apr 21 1934 M. M. Crone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1934, to March 16, 1934

I last saw him alive on March 16, 1934. Death is said to have occurred on the date stated above, at 10 P. M.

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

Pneumonia
The
73

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? specimen 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) Wm C Platt M. D.
(Address) 925 Argyle Bldg

6