

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County

Dunklin

Registration District No.

282

Township

Campbell

Primary Registration District No.

4166

City

(No.)

File No.

12425

Registered No.

19

St.

Ward)

2. FULL NAME

Pearl Howard

(a) Residence, No.

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

♂

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

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

P. F. Howard

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

Feb 4 - 1882

7. AGE

YEARS

52

MONTHS

2

DAYS

-

If LESS than 1
day, hrs.
or min.

OCCUPATION

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

Housewife

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Mo.

13. NAME

D. C. Smith

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

Ill.

15. MAIDEN NAME

Rachel Morsberger

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

Ill.

17. INFORMANT
(ADDRESS)Husband
Campbell Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Woodlawn

DATE April 8, 1934

19. UNDERTAKER
(ADDRESS)Landerston
Campbell

20. FILED

4/7

1934

E. W. Anderson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 4, 1934 to April 4, 1934

I last saw her alive on April 4, 1934 Death is said

to have occurred on the date stated above, at 9:30 P.M.

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

Coronary Occlusion

Date of onset April 4-34

Other contributory causes of importance:

gub

Name of operation none

Date of

What test confirmed diagnosis? none 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) J. L. Cow

(Address) Campbell, Mo

M. D.

935
/19