

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 210 Texas Ave)

File No. 15884

Registered No. 638

St. _____ Ward _____

2. FULL NAME

Charles Neal Howard

(a) Residence, No. 210 Texas St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. da.

How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Angie Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1869

7. AGE YEARS <u>64</u>	MONTHS <u>5</u>	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min.
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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. St. Joseph Stock Yards

10. Date deceased last worked at this occupation (month and year) May 1934

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) Maryville
(STATE OR COUNTRY) Missouri

13. NAME Benjamin Howard

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

15. MAIDEN NAME Frances Hawkins

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

17. INFORMANT Angie Howard
(ADDRESS) 210 Texas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maryville, Mo. DATE May 31, 1934

19. UNDERTAKER Fred D. Clark
(ADDRESS) 5025 Long Road

20. FILED 6-1-34 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1934, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934 to May 28, 1934
I last saw him alive on May 28, 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:

Acute purulent meningitis
Nephritis
130
132 / 30

Date of onset

Other contributory causes of importance:

Uremic Poisoning

Name of operation _____ Date of _____
What test confirmed diagnosis? urine 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 _____, 1934

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 _____

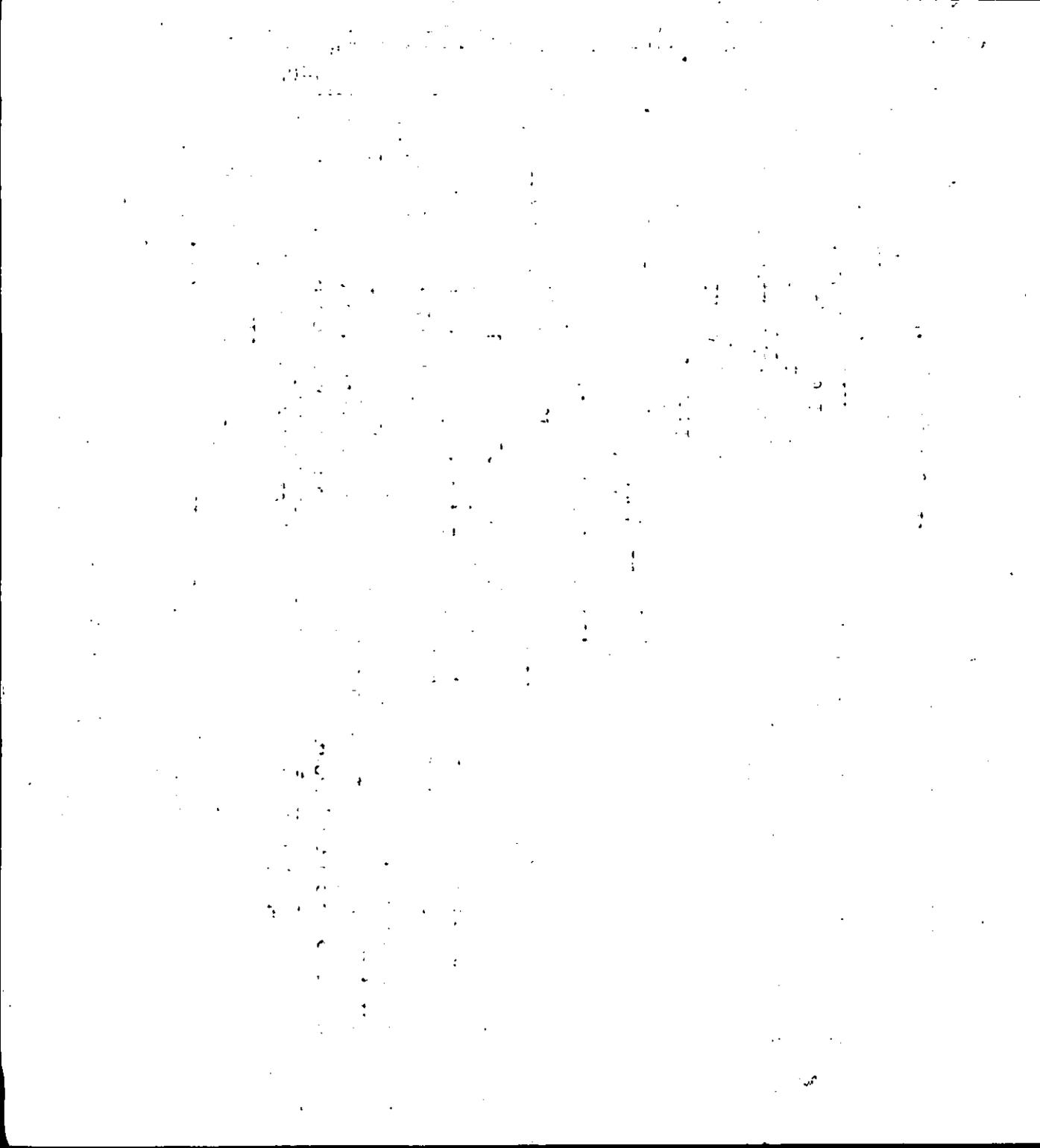
(Signed) H. A. Robertson, M. D.

(Address) St. Joseph Mo

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.

JUN 20 1934

31 2



#2 St Joe
Buchanan

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

15884

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.
638

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Charles Neal Howard
Who died at _____ on May 28 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 64 Months 5 Days 16

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

acute pneumonia nephritis
Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) Causes suspension of
Birthplace of mother (State or country) acute nephritis
Principal cause of death: _____ W.A.R.

Other contributory causes of importance Resume following
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician W. A. Robertson
Address of physician St. Joseph

Signature of Registrar John R. Bender Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,
E. T. McLaugh
State Registrar

Reg. Dist. No. 85
Primary Reg. Dist. No. 1001

Special Agent.

5-15884

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