

SEP 21 1934

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

Do not use this space.

1. PLACE OF DEATH

 County Jackson
 Township Blue
 City Chapel Hill (No. 1810) Nowood

 Registration District No. 398
 Primary Registration District No. 5554

 File No. 29156
 Registered No. 249
 St. _____ Ward _____

2. FULL NAME

 (a) Residence, No. 1810 Nowood 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 M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel B. Howe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2-1867
 7. AGE YEARS 71 MONTHS 2 DAYS 29 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 occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin13. NAME James W. Uaill14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York15. MAIDEN NAME Helen M. Stevens16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York17. INFORMANT (ADDRESS) Samuel B. Howe
1810 Nowood
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Wash. DATE Aug 4 1934
19. UNDERTAKER (ADDRESS) Mrs. C. L. Porter
918 Brookfield Ave20. FILED Aug 3 1934 F. D. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1- 1934
 22. I HEREBY CERTIFY, That I attended deceased from July 23, 1934, to Aug 1, 1934.
 I last saw her alive on July 31, 1934. Death is said
to have occurred on the date stated above, at 7:30

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

Mitral Insufficiency Date of onset 1930
72A
191

Other contributory causes of importance:

Had prostration 7/23Name of operation none Date of _____What test confirmed diagnosis? ECG 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? NO

If so, specify _____

(Signed) J. N. Hill, M. D.(Address) 1438 Hughes Ave Independence

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.

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1438 Hedges.
July 16 79