

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.

89 2581

SEP 18 1934

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

Do not use this space.

30378

1. PLACE OF DEATH

County Shelby Registration District No. 678
Township _____ Primary Registration District No. 4404
City St James (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

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

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-7-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45 7 15

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

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 50

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Harvey, Iowa

13. NAME Simon A. J. Howard

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

15. MAIDEN NAME Jane Cole

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Don't Know

17. INFORMANT Chad Keeney

18. BURIAL, CREMATION, OR REMOVAL PLACE Matlock cem DATE 8-24-1934

19. UNDERTAKER W. E. Splider

(ADDRESS) St James mo

20. FILED 8-24-1934 Harry F. Walters Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 19____, to _____, 19____.

I last saw him alive on Aug 22, 1934. Death is said to have occurred on the date stated above, at 5:45 P.M.

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

Angina Pectoris Date of onset _____

Other contributory causes of importance: 9/13

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) W. E. Splider, M. D.

(Address) St James mo

2035- 20 21

