

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.

16-166

OCT 17 1934

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

Do not use this space.

33000

4338

344
1502

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo.

Registration District No. _____
Primary Registration District No. 4017 Olive St.

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Marcus C Howard

(a) Residence, No. 4017 Olive St., _____ Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>12-9-</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-9-1843</u>		
7. AGE YEARS <u>90</u>	MONTHS <u>9</u>	DAYS <u>15</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ruined</u>	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) Benton Vene Ark
(STATE OR COUNTRY)

FATHER
13. NAME Wm James Howard

14. BIRTHPLACE (CITY OR TOWN) Do not know
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Elizabeth Curtis

16. BIRTHPLACE (CITY OR TOWN) Do not know
(STATE OR COUNTRY)

17. INFORMANT W A Howard
(ADDRESS) 4017 Olive St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leasonwood Koo DATE 9/26/34

19. UNDERTAKER C. W. WAST FUNERAL HOME, Inc
(ADDRESS) 2146 Main St.

20. FILED 9-25, 1934 aman Crow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-25 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-23, 1934, to 9-25, 1934.
I last saw him alive on 9-24, 1934. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Intestinal obstruction
1934
9-22-34

Other contributory causes of importance:

Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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)

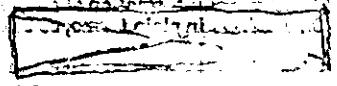
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) 9.26 Blushert M. D.
(Address) 906 Realt Bldg

Li 9801



Dr. Slusher
Rialto Bldg

12 to 3 Pm

Kansas City

WASHINGTON

4338

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: Marcus C Howard
Who died at _____ on Sept 25 - 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 90 Months 9 Days 15

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.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Heart impaction, probably due to adhesions as deceased had double aortic stenosis with history of myocarditis, but not strangulation

Other contributory causes of importance Similarity

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician E. W. Stueber

Address of physician 806 Keatts Bldg

Signature of Registrar M. M. Brown Date filed 9/25/34

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. 3

Primary Reg. Dist. No. _____

Special Agent.

