

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

Do not use this space.

JAN 4 1935

42111

1. PLACE OF DEATH

County Buchanan Registration District No. 26 File No. 42111
 Township Washington Primary Registration District No. 5225 Pickett Road Registered No. 107
 City St. Joseph (No. 1 1/4 Miles East of St. Joseph) St. Ward

2. FULL NAME William Alvin Howard

(a) Residence, No. 1 1/4 Pickett Road, St. Joseph, Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 9, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
87 0 4

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Live Stock Comm

10. Date deceased last worked at this occupation (month and year) February 1908 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri

13. NAME James L. Howard

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

15. MAIDEN NAME Catherine Sparks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky

17. INFORMANT (ADDRESS) Paul Howard, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hubert Cem. DATE Dec. 15th, 1935

19. UNDERTAKER (ADDRESS) Heaton-Bishop & Bowman, St. Joseph, Mo.

20. FILE NO. 24-34 Registrar J. J. Bausch

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1934 to Dec 13, 1934.
 I last saw him alive on Dec 13, 1934 Death is said to have occurred on the date stated above, at 1:25 p. m.

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

mitral insufficiency

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? clinical 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) Walter R. Ramey M. D.

(Address) 1415 1/2 Street, 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.

