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.

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

Do not use this space.

JAN 18 1935

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 43055
Township Kaw — Primary Registration District No. 100 — Registered No. 5490
City K. C. Mo. (No. General Hosp. #2 St. 3rd Ward)

2. FULL NAME Isadore Howard
(a) Residence, No. 905 Indep. Ave 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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-25-1882

7. AGE: YEARS 52 — MONTHS 6 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.
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) La.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decease

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Record Clerk General Hospt #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge Lawn DATE 12-20 1934

19. UNDERTAKER (ADDRESS) Sarver, Crisp - Irving

20. FILED 12/19 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-14, 1934 to 12-16, 1934
I last saw him alive on 12-16, 1934. Death is said to have occurred on the date stated above, at 12:05 P.M.
The principal cause of death and related causes of importance were as follows:
Coronary Disease — Date of onset
95B
Other contributory causes of importance:
Hypertensive Heart Disease
Name of operation — Date of
What test confirmed diagnosis? Clinical & Lab — 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) [signature] M. D.
(Address) General Hosp. #2