

JUL 2 2 1935

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

Do not use this space.

20003

1. PLACE OF DEATH

48 County Jackson Registration District No. 399
Township RNW Primary Registration District No. 1002
10 City Kansas City, Mo (No. Wheatley Providence Hosp. St. _____ Ward _____)

File No. _____
Registered No. 2348

2. FULL NAME T. Walter Howard

(a) Residence, No. 2208 Montgall St. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs F.W. Howard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-19-1892</u>		
7. AGE	YEARS	MONTHS
	<u>63</u>	<u>2</u>
		DAYS
		<u>8</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>Police Officer</u>
	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) Mo

13. NAME S. Howard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Mable Howard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Maggie Clay
(ADDRESS) 2444 Highland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Cem DATE 8-1-35 19__

19. UNDERTAKER H.B. Moore
(ADDRESS) 1820 E. 18th St

20. FILED 9/30 19 35 M. M. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27th 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931 to June 27, 1935
I last saw him alive on June 27, 1935. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:
Suppurative Cystitis
Hypertrophied Prostate

Name of operation Cystotomy Date of June 20
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (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. J. Bier M. D.
(Address) 910 Argyle

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

