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

JUL 2 3 1935

Do not use this space.

20075

1. PLACE OF DEATH
County Jasper Registration District No. 408 File No.
Township Primary Registration District No. 3020 Registered No.
City Carthage (No. , St. Ward)

2. FULL NAME William Henry Howard
(a) Residence, No. 115 N. Maple St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	77	5	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocery Walker
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) Vine Grove (STATE OR COUNTRY) Kentucky

FATHER
13. NAME Chas Howard
14. BIRTHPLACE (CITY OR TOWN) Hardin Co. (STATE OR COUNTRY) Kentucky

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

17. INFORMANT Mrs. Wm Henry Howard (ADDRESS) 115 N. Maple Carthage, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Cemetery DATE June 21 19 35
19. UNDERTAKER Knell Mortuary (ADDRESS) Carthage, Mo
20. FILED June 19 1935 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935, to June 17, 1935
I last saw him alive on June 17, 1935. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
aortic aneurysm	1928

Other contributory causes of importance: none

Name of operation none Date of
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) H. A. LaFore, M. D.
(Address) Carthage Mo

[illegible]