

AUG 23 1935

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

Do not use this space.

24274

1. PLACE OF DEATH

County St. Louis Registration District No. 788
Township Central Primary Registration District No. 447.1
City Webster Groves (No. 717); Cunice Ave. St. _____ Ward _____

File No. _____
Registered No. 80

2. FULL NAME Harriet M. How

(a) Residence, No. 717 Cunice Ave. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm H. How

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79. 5. 5.

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

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) Chicago Ill13. NAME John H. Brown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT Albert How

(ADDRESS) 717 Cunice Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cem. DATE July 27, 1935

19. UNDERTAKER Edith E. Ambruster

(ADDRESS) 4234 Manchester Ave.

20. FILED 7-27-1935 Jules R. Gore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Jan, 1934, to July 25, 1935

I last saw her alive on July 24, 1935 Death is said

to have occurred on the date stated above, at 4 a. m.

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

Chronic Gastroenteritis Date of onset 1933

Gastric Duodenal Ulceration

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? no

If so, specify _____

(Signed) Wm S. Barker M. D.

(Address) 229 Metropolitan Bldg

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.

1912 ... 508 ...
Here 408 Spring ...