

OCT 28 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township St. Francois
Near City Farmington, Mo. (No., St. Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. 30500
Registered No. 123

2. FULL NAME Lizzie Howard

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Howard</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>not known</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>64</u>	<u>2</u>	<u>2</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</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) <u>Oran</u> (STATE OR COUNTRY) <u>Mo</u>				
FATHER	13. NAME <u>Wm. Bridges</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Cavey Creek</u> (STATE OR COUNTRY) <u>Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Alma Black</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Cavey Creek</u> (STATE OR COUNTRY) <u>Mo.</u>			
17. INFORMANT <u>Hospital Records</u> (ADDRESS) <u>Farmington, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Samuel Cemetery, Searcy, Mo.</u> DATE <u>9-9 1935</u>				
19. UNDERTAKER <u>Mrs. C. H. Bamhart</u> (ADDRESS) <u>Crystal City, Mo.</u>				
20. FILED <u>9-9-</u> <u>1935</u> <u>W. J. Ralmon</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1935, to September 8, 1935
I last saw him alive on September 7, 1935. Death is said to have occurred on the date stated above, at 6:35 A.M.

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

Chronic Myocarditis with Hypertrophy and Decompensation (White Deimpensation)
Date of onset ?
7/20/35

Other contributory causes of importance:

Arteriosclerosis, generalized and marked particularly Coronary Arteries
Demented Process (Paralid) July 1934
Date of onset ?

Name of operation None Date of ?
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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)

(Address)

C. C. Gault, M. D.
Farmington, Mo.

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.

