NOV 9 1935

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

Do not use this space.

34667

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City Saint Louis (No. 4204 W. Maffitt Avenue St. ..... Ward)

File No. .....

Registered No. 9140

2. FULL NAME Eliza Howard

(a) Residence, No. 4204 W. Maffitt Avenue St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF John Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1900

7. AGE: Years 35 | Months 4 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Unavailable

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison County Mississippi

FATHER

13. NAME Albert Stokes

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

MOTHER

15. MAIDEN NAME Jane Freeman

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

17. INFORMANT John Howard
(ADDRESS) 4204 W. Maffitt Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Canton, Miss. DATE Oct. 31, 1935

19. UNDERTAKER Charles J. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED OCT 31 1935 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1935, to October 24, 1935

I last saw her alive on October 23, 1935. Death is said to have occurred on the date stated above, at 1:05 P. M.

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

	Date of onset
Myocarditis Chronic	Aug. 1935
1240	
Other contributory causes of importance:	
Hepatic cirrhosis	Aug. 1935
Ascites	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) W. H. Manseliee, M. D.

(Address) 4065a West Belle Place.

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.