

NOV 20 1935

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

Do not use this space.

35211

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 1515 Patee

File No.

Registered No. 1181

St. Ward)

2. FULL NAME Alma Josephine Howard

(a) Residence, No. 722 Robidoux

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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

George N. Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 26, 1860

7. AGE

YEARS

75

MONTHS

0

DAYS

16

If LESS than 1

day, hrs.

or min.

OCCUPATION

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

House keeper

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) Unknown
(STATE OR COUNTRY) Minnesota

MOTHER FATHER

13. NAME Warren W. Barnard

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana

15. MAIDEN NAME Martha Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Minnesota17. INFORMANT Mrs. H. B. Robison
(ADDRESS) 722 Robidoux St. Joseph, Mo.18. BURIAL, CREMATION, OR REMOVAL: Memorial Park Cem
PLACE St. Joseph Missouri Nov. 14, 193519. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union Street, St. Joseph, Mo.20. FILED NOV 12 1935 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 12, 1935

22. I HEREBY CERTIFY, That I viewed deceased from
Nov. 13, 1935, to Nov. 13, 1935.

I last saw h. alive on 19 Death is said

to have occurred on the date stated above, at 8:55 P.M.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Arteriosclerosis - Hypertension

Name of operation none Date of

What test confirmed diagnosis? Clin Hist 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

Correct Roman Coronet, M. D.

(Signed) Correct Roman Coronet, M. D.

(Address) 731 Jackson

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.

