

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.

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

Do not use this space.

JAN 13 1936

38465

1. PLACE OF DEATH
 County Andrew Registration District No. 13
 Township Platte Primary Registration District No. 3819
 City Franklin St. _____ Ward _____

2. FULL NAME Albert Horn Howard
 (a) Residence, No. 124 Mo. 777 St. Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred _____ mos. _____ yrs. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 10 2

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

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) 11-10-35 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co Mo.

FATHER
 13. NAME Young E. Howard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
 15. MAIDEN NAME Mary Kaywood
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Mo

17. INFORMANT (ADDRESS) Mrs E. Howard

18. BURIAL, CREMATION, OR REMOVAL PLACE Whiteville DATE 12-9-35

19. UNDERTAKER (ADDRESS) R. J. Taggart

20. FILED Dec 28, 1935 Mrs E. C. Jefferson Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935 to Dec 7, 1935
 I last saw him alive on Dec 7, 1935. Death is said to have occurred on the date stated above, at 9:55 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma Liver Date of onset Jul 1935

Other contributory causes of importance: NO

Name of operation No Date of _____
 What test confirmed diagnosis? Chenal 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? _____
 If so, specify E. M. Reynolds M. D.
 (Signed) _____ (Address) Union Hill Mo

