

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

Do not use this space.

4277

FEB 23 1936

**1. PLACE OF DEATH**

County Union  
Township Nevada  
City Nevada (No.       )

Registration District No. 825  
Primary Registration District No. 3039

File No.         
Registered No. 9  
St.        Ward       

**2. FULL NAME**

Owen Howard  
(a) Residence, No. 1315 E Austin St., 5 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<br><u>M</u>   | 4. COLOR OR RACE<br><u>W</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Mary Howard</u> |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>May 16, 1861</u>                     |   |   |
| 7. AGE   | YEARS<br><u>74</u>  | MONTHS<br><u>7</u>  |
|  | DAYS<br><u>24</u>   | If LESS than 1 day, ..... hrs. or ..... min.                                |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>laborer</u> |   |
|  | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Common</u>           |   |
|  | 10. Date deceased last worked at this occupation (month and year).....  | 11. Total time (years) spent in this occupation.....                        |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-10-1936

22. I HEREBY CERTIFY that I attended deceased from Dec 35, 1935 to Jan 10, 1936

I last saw him alive on Jan 10, 1936. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:  
Chr. interstitial nephritis

Other contributory causes of importance:

Chr. uremia  
Prostatic hypertrophy

Name of operation None Date of         
What test confirmed diagnosis?        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) Ch. King, M. D.  
(Address) Nevada, Mo.

|  |  |
|--|--|
| MOTHER   | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Not known</u>           |
|  | 13. NAME <u>Owen Howard</u>  |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Not known</u>           |
|  | 15. MAIDEN NAME <u>Ellen Martin</u>  |
| FATHER   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Not known</u>           |
|  | 17. INFORMANT (ADDRESS)<br><u>Owen H. Howard</u>                               |
|  | 18. BURIAL, CREMATION, OR REMOVAL<br><u>Moore Cemetery</u> DATE <u>1-14-36</u> |
|  | 19. UNDERTAKER (ADDRESS)<br><u>Terry Funeral Home</u>                          |
| 20. FILED <u>Jan 20, 1936</u> <u>M. Ciekinger</u> Registrar. |  |

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.

