

MAR 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**City **St. Louis**(No. **3641**)**Dodier St.**

St. Ward)

2. FULL NAME

Barbara Belle Howard(a) Residence, No. **3641 Dodier St.** St. **10** 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. da.

How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF**David Allen Howard**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 2, 1883**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.**52****4****11**

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.

At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Union County, Ark.**
(STATE OR COUNTRY)

MOTHER

13. NAME **William Bankston**14. BIRTHPLACE (CITY OR TOWN) **Union County, Ark.**
(STATE OR COUNTRY)15. MAIDEN NAME **Sarak Davidson**16. BIRTHPLACE (CITY OR TOWN) **Alabama**
(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS) **Mrs. J. J. Nantz**
4527 Natl. Bridge

18. BURIAL, CREMATION, OR REMOVAL

PLACE **El Prado, Ark** DATE **Feb. 15** 19**35**

19. UNDERTAKER

(ADDRESS) **Alexander & Sons**
6175 Delmar St. MO.

20. FILED

14 1935**J. F. Bedeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 13** 19**35**22. I HEREBY CERTIFY, That I attended deceased from **6-28-** 19**35**, to **2-13** 19**36**I last saw her alive on **2-12** 19**36**. Death is saidto have occurred on the date stated above, at **12:15 p.m.**

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

Carcinoma of Cervix uterisDate of onset
1935

Other contributory causes of importance:

Anaemia secondaryName of operation **None** Date ofWhat test confirmed diagnosis? **Biopsy** 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) **Richard Parshlock** M. D.(Address) **4500 Olive**

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.

