

MAY 21 1936

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

Do not use this space.

15034

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence (No. 36)

Registration District No. 398
Primary Registration District No. 3819

File No. _____
Registered No. 146 Ward _____

2. FULL NAME

James Guiney How
(a) Residence, No. Independence Sanitarium Ward. Smithville, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Lillian "Kinsey" How

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1858
7. AGE YEARS 77 MONTHS 4 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (retired 20yrs)
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County, Mo.

13. NAME Almanzo How

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Sterling Ky.

15. MAIDEN NAME Annilda Hancock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Sterling Ky.

17. INFORMANT (ADDRESS) H.A. McComas Smithville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithville, Mo DATE Apr. 7 1936

19. UNDERTAKER (ADDRESS) H.A. McComas Smithville, Mo

20. FILED 4-8-1936 L.L. Bank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1935, to April 5 1936
I last saw her alive on April 5 1936 Death is said to have occurred on the date stated above, at 11 m.
The principal cause of death and related causes of importance were as follows:

Hypertrophied prostate
Uremia
Other contributory causes of importance:
Arterio sclerosis
Exhaustive Psychosis
Name of operation Suprapubic drainage Date of _____ 4-1-36
What test confirmed diagnosis? Exam. 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) H.A. McComas M. D.
(Address) Smithville, Mo.

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.

