

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

Do not use this space.

JUL 24 1936

1. PLACE OF DEATH

County JACKSON Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City No. 5th Marys Hospital St. _____ Ward _____

23146

File No. _____
 Registered No. 3779

2. FULL NAME

Walter Manning Howe
 (a) Residence, No. Savoy Hotel St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara C Howe
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-17-1856
 7. AGE YEARS 79 MONTHS 6 DAYS 121 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Samuel Cupples Workman Co
 10. Date deceased last worked at this occupation (month and year) June 1936 11. Total time (years) spent in this occupation 57 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Tenn

13. NAME Horiman S Howe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marlborough Mass

15. MAIDEN NAME Mary M Cole

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Killingley Penn

17. INFORMANT Mrs E T Newcomer
 (ADDRESS) Omaha Nebraska

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE July 1, 1936

19. UNDERTAKER Wm Newcomers Sons
 (ADDRESS) 6/30 Kansas City - Mo

20. FILED 36727 19 36 M. Corwin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1936

22. I HEREBY CERTIFY that I attended deceased from June 25th, 1936, to June 29th, 1936.
 I last saw him alive on June 25th, 1936. Death is said to have occurred on the date stated above, at 5:55 a.m.

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

acute appendicitis - gangrenous
Other contributory causes of importance: Emphysema, acute pneumonia lower right lobe

Name of operation autopsy Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? yes

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) Samuel Ayres M. D.
 (Address) 707 Argyle Bldg.

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.

707 Argyle
2-5-pm Tues