

AUG 21 1936

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

Do not use this space.

26994

1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. ....  
Township ..... Primary Registration District No. 3020 Registered No. ....  
City Carthage (No. 101) Missouri St. .... Ward) .....

2. FULL NAME

Louise E. Howard  
(a) Residence, No. 617 E Second St., ..... Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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

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 Jasper Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-1, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
71 6 16

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. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Rayn (STATE OR COUNTRY) Missouri

13. NAME Louis Bonich

14. BIRTHPLACE (CITY OR TOWN) France (STATE OR COUNTRY) .....

15. MAIDEN NAME Rosine Pinet

16. BIRTHPLACE (CITY OR TOWN) France (STATE OR COUNTRY) .....

17. INFORMANT Walker Howard (ADDRESS) Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hervey Cem. DATE July 18, 1936

19. UNDERTAKER Fuller Mortuary (ADDRESS) Carthage, Missouri

20. FILED July 18, 1936 E. B. Colinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1936

22. I HEREBY CERTIFY, That attended deceased from June 23, 1936 to July 17, 1936

I last saw him alive on July 20, 1936. Death is said to have occurred on the date stated above, at 7 a.m.

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

chr. Valvular Disease  
mitral insufficiency  
decompensated

Date of onset

unknown

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? gen. phys. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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. LaFare, M. D.

(Address) Carthage Mo

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.

FORM 249-2-35 I X7294

