OCT 21 1936

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

Do not use this space.

File No. 34072

Registered No.

1. PLACE OF DEATH
County Franklin
Township Calvey
City (No. , St. Ward)
Registration District No. 293
Primary Registration District No. 5416

2. FULL NAME ALBERT HOWE
(a) Residence, No. On farm near PACIFIC Mo. St. 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. 6 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 ~~XXXXXXXX~~ Edith Howe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept.15,1891.

7. AGE: Years 44 | Months 11 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
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. Own farm
10. Date deceased last worked at this occupation (month and year) Sept.1936
11. Total time (years) spent in this occupation 13yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pacific, Missouri.

FATHER
13. NAME Fred Howe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

MOTHER
15. MAIDEN NAME Caroline Lindhorst
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Oscar Strautman
(ADDRESS) Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pacific, Mo. DATE Sept.15,1936

19. UNDERTAKER Thiebes Funeral Home
(ADDRESS) Pacific, Mo.

20. FILED 9-19 1936 — J. E. Gross
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept.15,1936 19

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1936 to Aug.27, 1936
I last saw him alive on Aug.27, 1936. Death is said to have occurred on the date stated above, at 9 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Ulcer	3-1-26

Other contributory causes of importance: Unknown

Name of operation None Date of
What test confirmed diagnosis? Clinical 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. At Home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) B E Mawhinney, M. D.
(Address) Washington, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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