

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Monteau
Township Pilot Grove
City (No. _____) _____

Registration District No. 577
Primary Registration District No. 5775

File No. 12696

Registered No. 4
St. _____ Ward _____

2. FULL NAME

Richard Wade Howard

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

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 M 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 Jamie Medlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 4 28

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.

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) Monteau Co. Mo

13. NAME Edmond Howard

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

15. MAIDEN NAME Martha A. Redmon

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

17. INFORMANT Mrs. Richard Howard
(ADDRESS) Katham

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Land Com DATE Mar 30 1937

19. UNDERTAKER W. F. Kidwell
(ADDRESS) Versailles, Mo

20. FILED 3-30 1937 Madine Katham
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1937 to March 24th 1937
I last saw him alive on March 24th 1937 Death is said to have occurred on the date stated above, at 4:30 p. m.

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

Inanition with gradual heart failure Date of onset _____

Other contributory causes of importance: nothing

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

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? _____
If so, specify _____
(Signed) H. Blacksten M. D.
(Address) Versailles, Mo. R1

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

