

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County ST. LOUISTownship CentralCity OVERLAND(No. 8900 LACKLAND ROAD)Registration District No. 789Primary Registration District No. 6033

St. _____ Ward _____

File No. 13432Registered No. 53

2. FULL NAME

MINNIE MOREY HOWARD(a) Residence, No. 8900 LACKLAND ROAD

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

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 OFCLARENCE H. HOWARD6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 12th 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

65629

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

AT HOME

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)

BROOKLYN
NEW YORK

MOTHER / FATHER

13. NAME

FRANKLIN MOREY

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

UNKFOWN

15. MAIDEN NAME

MARY THORNTON

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

AUBURN
NEW YORK

17. INFORMANT (ADDRESS)

CLARENCE H. HOWARD JR.
8900 LACKLAND ROAD

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Mausoleum DATE Feb 13 1937

19. UNDERTAKER (ADDRESS)

C. R. Lupton and Sons
4449 Olive St

20. FILED

2-12-37 W. Backmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 193722. I HEREBY CERTIFY, That I attended deceased from Feb 11 1937, to same 1937I last saw him alive on Feb 11 1937 Death is saidto have occurred on the date stated above, at 8:30 p.m.

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

Diabetes Mellitus -
Myocardial Disease

Date of onset

Other contributory causes of importance:

Diabetic Coma
Arteriosclerosis

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? _____ Date of injury _____ 1937

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. C. Calverley, M. D.(Address) Barnes Hospital
4932 Maywood Ave

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.

#937 Maryland
Ro. 2910
2-5 P.M.