

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

Do not use this space.

JUN 12 1937

19181

1. PLACE OF DEATH

County Jackson
Township Road
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Joseph's Hospital)

File No. _____
Registered No. 13215
St. _____ Ward _____

2. FULL NAME

(a) Residence (No. _____ St., _____ Ward. Grandview, Mo.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Howard

22. I HEREBY CERTIFY, That I attended deceased from 5-22-37, 19____, to 5-25-37, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1863

I last saw h. l. alive on 5-25-37, 19____. Death is said to have occurred on the date stated above, at 7:35 P.m.

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, _____ hrs. or _____ min. 72 11 15

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

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

Obstructing Esophagus
Tracheo Esophageal fistula

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general

46

10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation _____

Bronchiopneumonia

Other contributory causes of importance:

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

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13. NAME Timothy Howard

Name of operation _____ Date of _____

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

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

15. MAIDEN NAME unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT A. J. Howard (ADDRESS) Grandview, Mo.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park, K.C. Mo. DATE May 28, 1937

Manner of injury _____

Nature of injury _____

19. UNDERTAKER E. T. George, Sons (ADDRESS) Grandview, Mo.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

20. FILED May 26 1937 M. M. Brown Registrar.

(Signed) Russell W. Ben, M. D.

(Address) _____

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

OCCUPATION

MOTHER FATHER

1
2
3

