

JUN 2 1 1937

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

Dr. Francis Comp
Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 317 File No. 20000
Township Broadblaine Primary Registration District No. 5441 Registered No. 1
City Broadblaine Mo. Re (State) Re (Ward)

2. FULL NAME Kathryn McCoy Howard

(a) Residence, No. Re 1 - Broadblaine Ward. (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 6 5 2

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. House wfe in house

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) Greene Co. Missouri

MOTHER FATHER 13. NAME Milton McCoy

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

15. MAIDEN NAME Alice Spencer

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

17. INFORMANT Edward M. Howard (ADDRESS) Broadblaine Mo Re 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE May 23, 1937

19. UNDERTAKER Rebecca McCoy (ADDRESS) Springfield Mo

20. FILED May 23 1937 Mrs. Bertha France Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1937 to May 21, 1937
I first saw him alive on May 21, 1937. Death is said to have occurred on the date stated above, at 7:35 P.M.

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

Carcinoma Brain Date of onset May 3, 1936
50
Carcinoma Breast 1936

Other contributory causes of importance

Name of operation none Date of none
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? _____ 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) F. Comp, M. D.

(Address) Springfield

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.

