

JUL 31 1937

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

Do not use this space.  
24555

1. PLACE OF DEATH

County Pettis

Registration District No. 669

File No. 198

Township

Sedalia

Primary Registration District No. 3232

Registered No. 668

City

(No. 1408 West 10th.)

St.

(Ward)

2. FULL NAME John Quincy Howard

(a) Residence, No. 1408 West 10th. St. 1 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

Male

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

Nancy Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

63

0

3

OCCUPATION

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

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)

Missouri

FATHER

13. NAME John Howard

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

Missouri

MOTHER

15. MAIDEN NAME DK

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

DK

17. INFORMANT Mrs. J. Q. Howard

(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mem. Park

DATE June 24, 1937

19. UNDERTAKER Gillespie Funeral Home

(ADDRESS) Sedalia, Mo.

20. FILED 6-24-37 John Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22/37 19

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1937 to June 22, 1937

I last saw him alive on June 22, 1937 Death is said

to have occurred on the date stated above, at 7:30 a.m.

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

Ischemic heart disease Date of onset 8 mo

This was a patient of Dr. A. A. Morrison. The doctor was out of town and not available.

Other contributory causes of importance: Metastatic neoplasm

Name of operation DK Date of 5

What test confirmed diagnosis? DK Was there an autopsy? DK

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO Date of injury 5

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 DK

Nature of injury DK

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify DK

(Signed) DK M. D.

(Address) 117 7th + 40 Sedalia, Mo.

