

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.

92 JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County St Charles Registration District No. 757  
Township St Charles Primary Registration District No. 5998  
City St Charles (No. County Farm) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 24735  
Registered No. 108

2. FULL NAME

Mrs Mollie Jane Howard  
(a) Residence, No. St Charles Mo. St. Ward 1  
(Usual place of abode) 109 Withson St (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) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Howard  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5<sup>th</sup> 1874  
7. AGE YEARS 63 MONTHS 2 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Madison Ill

13. NAME Charles House

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

15. MAIDEN NAME Millie Jane Livingston

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

17. INFORMANT John House  
(ADDRESS) St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 6-7 1937

19. UNDERTAKER H. C. Hallmeyer & Sons Co  
(ADDRESS) St Charles Mo

20. FILED 6/7 1937 Clarence H. Nessler  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5<sup>th</sup> 1937  
22. I HEREBY CERTIFY, That I attended deceased from March 12 1937 to June 5<sup>th</sup> 1937  
I last saw her alive on June 4 1937. Death is said to 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:  
Pulmonary Tuberculosis Date of onset 2  
Gastro-Intestinal Tuberculosis 2

Other contributory causes of importance: none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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 1  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) R. O. Hayden, M. D.  
(Address) St. Charles, Mo

MOTHER FATHER

