

AUG 23 1937

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

Do not use this space.

27120

1. PLACE OF DEATH

County

Dunklin

Registration District No.

282

Township

Hanson

Primary Registration District No.

4166

City

Campbell

(No.

St.

Ward)

2. FULL NAME

James Bryant Howard

(a) Residence, No.

Campbell Mo. 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

Male

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 OF

Ann Howard

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

2 - 26 - 1851

7. AGE

86

YEARS

5

MONTHS

3

DAYS

If LESS than 1 day, hrs. or min.

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

Farming

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

Tenn

13. NAME

Franklin Howard

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

Tenn

15. MAIDEN NAME

unk.

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

Tenn

17. INFORMANT (ADDRESS)

Son Frank Howard Campbell Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Woodlawn Campbell

DATE

July 1 1937

19. UNDERTAKER (ADDRESS)

Lander Funeral Home Campbell Mo

20. FILED

July 1 1937

E. L. Lander Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 29 1937

22. I HEREBY CERTIFY, That I attended deceased from

April 1 1937, to June 29 1937

I last saw him alive on June 29 1937 Death is said

to have occurred on the date stated above, at 3:30 p.m.

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

Amoebic Dysentery following Group A B. pneumonia

Date of onset

Other contributory causes of importance:

108

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 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?

If so, specify

(Signed)

John L. Brown

M. D.

(Address)

Campbell Mo

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.

