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.

SEP 15 1937

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

Do not use this space.

File No. 29995

Registered No. 110

Registration District No. 26

Primary Registration District No. 3002

4 4 7

1. PLACE OF DEATH

County Audrain

Township Saltriver

City Mexico Mo (No. ..... St. ..... Ward)

2. FULL NAME Hattie Clark Howard

(a) Residence, No. Fairground Ave. St., ... Ward. ..... (If nonresident, give city or town and State)

(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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	7	24	

OCCUPATION

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

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) Mo.

FATHER

13. NAME Alexander Kidd

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

MOTHER

15. MAIDEN NAME Louise Manning

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

17. INFORMANT Mrs. J. E. Nelson

(ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood Cemetery DATE 8-6-1937

19. UNDERTAKER Precht Funeral Home

(ADDRESS) Mexico, Mo.

20. FILED Aug 6- 1937 Blanch Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-6-1937, to 8-6-1937

I last saw h~~im~~er alive on 8-5-37, 19..... Death is said to have occurred on the date stated above, at 1 a.m.

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

	Date of onset
Acute Cardiac failure	
BC	

Other contributory causes of importance:

Spread to Com Bd Arm Leg & all bladder tract

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? No.

If so, specify .....

(Signed) J. F. Hanson, M. D.

(Address) Mexico Mo