

DEC 16 1937

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

Do not use this space.

40976

1. PLACE OF DEATH

County Clay Registration District No. 198 File No. 149
Township Fishing River Primary Registration District No. 3011 Registered No. _____
City Excelsior Springs, Mo. (No. Veterans Administration Facility) St. 3rd Ward)

2. FULL NAME HOWARD, Wayne

(a) Residence, No. Vet. Adm. Fac., Excelsior Springs, Mo. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 mos. 19 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 Zeffie Howard
~~XXXXXXXXXX~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 56 10 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron, Missouri

13. NAME Robert Howard

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

15. MAIDEN NAME Josie Ross

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

17. INFORMANT Hospital Records
(ADDRESS)

18. BURIAL PLACE OR REMOVAL

PLACE Cameron, Mo. DATE 11-1-37

19. UNDERTAKER J. W. Poland
(ADDRESS) Cameron, Missouri

20. FILED 11-1-37 Prima M^cCracken
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1-37 19____

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937, 19____, to November 1, 1937, 19____

I last saw him alive on November 1, 1937. Death is said

to have occurred on the date stated above, at 5:25 a.m.

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

Congestive heart failure

Date of onset

Other contributory causes of importance:

Hypertensive heart disease

Name of operation None Date of _____

What test confirmed diagnosis EXAM. & OBS. 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) E. K. MOORE, M.D. Gain. Dir., M. D.

(Address) Veterans Administration Facility

Excelsior Springs, 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.

OCCUPATION
FATHER
MOTHER

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