

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.

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

Do not use this space.

REC'D MAY 9 1938

## 1. PLACE OF DEATH

Jackson

County

Kaw

Township

Kansas City, Mo.

City

1

Registration District No.

399

Primary Registration District No.

1002

(No. *N. E. Hospital*)

File No.

13618

Registered No.

1598

St.

Ward)

## 2. FULL NAME Samuel Grey Howe

(a) Residence, No.

1810 Norwood

St.,

Ward.

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.

*Index No*

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

Wh

## 5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Edith B. Howe

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

July 26, 1864

## 7. AGE

73

## YEARS

## MONTHS

8

## DAYS

18

If LESS than 1  
day, ..... hrs.  
or ..... min.

## OCCUPATION

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

Retired Publisher

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.

## FATHER

## 12. BIRTHPLACE (CITY OR TOWN)

Marathon

(STATE OR COUNTRY)

N. Y.

## MOTHER

## 13. NAME

Laffayette Howe

## 14. BIRTHPLACE (CITY OR TOWN)

New York

(STATE OR COUNTRY)

## 15. MAIDEN NAME

Charlotte Graves

## 16. BIRTHPLACE (CITY OR TOWN)

New York

(STATE OR COUNTRY)

## 17. INFORMANT

Helen T. Howe

(ADDRESS)

1810 Norwood

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Greenlawn

DATE

April 16

1938

## 19. UNDERTAKER

(ADDRESS)

Wamsley Funeral Home

711 W. Lexington, Indep. Mo.

## 20. FILED

4-17 1938 M. M. Crowe and

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

April 13

1938

## 22. I HEREBY CERTIFY, That I attended deceased from

Feb 15, 1938, to April 13, 1938

I last saw him alive on ..... 19..... Death is said

to have occurred on the date stated above, at ..... m.

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

*Artemia*

Date of onset

131

Other contributory causes of importance:

*Bladder Retention*  
*chronic cont. nephritis 2-15-38*  
*suprapubic Epylo. tom + 2nd step*  
Name of operation *Prostatectomy* Date of *3-28-38*  
What test confirmed diagnosis? *Ex + clin* 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) *Dr. Frank E. Clark* M. D.(Address) *4316 E 97th St. K.C. Mo*

