

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

REC'D OCT 19 1938

31877
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
 (b) Township _____ Primary Registration District No. 3009 Registered No. 301
 (c) City Cape Girardeau (d) Street No. South East Mo. Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? - yrs. mos. ds.

2. PRINT FULL NAME

Baby Howard 6 2/3
 (a) Residence, No. _____ St. Jackson Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 13 hrs. or 30 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) Cape Girardeau Mo

FATHER 13. NAME Edward Howard 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Ridge Mo 0

MOTHER 15. MAIDEN NAME Louise Hoffman 0
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo 0

17. INFORMANT Edward Howard
 (ADDRESS) Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Sept 29, 1938

19. FUNERAL DIRECTOR (NAME) Maecher Wilson, Statler
 (ADDRESS) Jackson Mo. 121

20. FILED 9-29-38 J.M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-28, 1938 to 9-29, 1938

I last saw him alive on 9-28, 1938 Death is said to have occurred on the date stated above, at 2 1/2 m.

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

Prematurity - 6 Mo

Other contributory causes of importance: 159

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) D. S. Seaborn, M. D.

(Address) Jackson Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.