REC'D APR 17 1939

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

Do not use this space.

File No. 9689

Registered No. 1295

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 630 Gen. Hosp #2 St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Vick Howard
(a) Residence, No. 3519 Thompson St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Not known
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown
7. AGE: 76 YEARS: 1863 MONTHS: — DAYS: — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Kentucky

FATHER
13. NAME: Not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

17. INFORMANT (ADDRESS): Record Clerk Gen. #2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge Lawn DATE Mch 25 1939
19. UNDERTAKER (ADDRESS): Kenney
20. FILED Mch 25 1939 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25-39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

Chronic Fibrous Myocarditis
Bronchio Pneumonia
93c

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Insp 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) Russell W. Kerr, M. D.
(Address) [illegible]

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.