

11 MAY 11 1939

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

Do not use this space.

697

1. PLACE OF DEATH

County Buchanan  
Township Washington  
City St Joseph

Registration District No. 85  
Primary Registrar District No. 1001  
No. St Hospital # 2

File No. 14241  
Registered No. 362  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ernest A. Howard

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. Hamilton Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 34 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
(write the word)

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1870

7. AGE YEARS 69 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Hamilton Mo.

13. NAME E. J. Howard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y. State

15. MAIDEN NAME Sarah Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y. State

17. INFORMANT Harp. record's (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph No. 2 DATE Apr 8 1939

19. UNDERTAKER (ADDRESS) St Joseph No. 2 Hamilton Mo

20. FILED 4-5 1939 A. J. Nethersall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1939, to April 4 1939

I last saw him alive on April 4 1939. Death is said to have occurred on the date stated above, at 2 P. m.

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

Chronic myocarditis of unknown origin

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Other contributory causes of importance: marked emphysema and chronic Pulmonary tuberculosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? chest x-ray 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) P. S. Jew M. D.  
(Address) State Hosp. # 2, St Joseph Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

*G. P. Howard*

FORM 2-18-38 1 X7284

