

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

42829
 Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan 3 Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001
 (c) City St. Joseph, Mo. (d) Street No. St. Hose - No. 2 Registered No. 1307
 (e) Length of residence in city or town where death occurred yrs. 10 mos. 25 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Howard
 (a) Residence, No. 6311 James Howard St. 625 E. Charlotte St.
State Hospital # 2 (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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 ? ?

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

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) (Book) La.

FATHER 13. NAME _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no information

17. INFORMANT Mrs. Cornero, 2006 E. 9th, Ann. C. Mo.
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE 12-27 1939

19. FUNERAL DIRECTOR (NAME) Praves Fun. Home
 (ADDRESS) 806 S. 17th

20. FILED Dec 27, 1939 W. J. Nestlebury 85 (Address) St. Joseph
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17 1939 to Dec. 12 1939
 I last saw him alive on Dec. 12 1939 Death is said to have occurred on the date stated above, at 2:25 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic lured bronchitis with broncho pneumonia

Date of onset ?

Other contributory causes of importance: 197W

Name of operation none Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) J. J. O'Dell, M. D.
St. Joseph

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.

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.....

Not Embalmed....., 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 comply with the above constitutes grounds for revocation of license.)

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