

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

Do not use this space.

7024

1. PLACE OF DEATH

County Nodaway
Township _____
City Maryville (No. _____)

Registration District No. 625
Primary Registration District No. 3031

File No. _____
Registered No. 19 St. _____ Ward _____

2. FULL NAME

A.M. Howard
619 West 2nd St.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Margaret Jane Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
91 3 26

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

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) Andrew Co. Mo.

13. NAME Abraham Howard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Siotha Means,
Clay Co.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Hary Kerr,
(ADDRESS) Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Cemetery DATE Feb. 22 1936

19. UNDERTAKER Price Funeral Home
(ADDRESS) Maryville, Mo.

20. FILED 2-22-1936 Mamie E. Clardy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20 1936

I HEREBY CERTIFY, That I attended deceased from Feb. 11 1936 to Feb. 20 1936
I last saw him alive on Feb. 20 1936. Death is said to have occurred on the date stated above, at 5 A.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia
(Bronchial)

Date of onset 2/11/36

Other contributory causes of importance Old age

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) _____, M. D.
(Address) 222 W. 2nd St. Maryville, Mo.

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.

MAR 24 1936

