

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.

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

Do not use this space.

MAR 24 1936

7280

1. PLACE OF DEATH

County Randolph Registration District No. 731
Township _____ Primary Registration District No. 4436
City Dixon Hill (No. _____) St. _____ Ward _____

File No. _____
Registered No. 1

2. FULL NAME

Forest Parker Howard

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 1936 to Feb. 7, 1936.
I last saw him alive on Feb. 7, 1936. Death is said to have occurred on the date stated above, at 7:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 1853

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 2 24

Date of onset _____

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. from Post office to home depot

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonville N. Y.

13. NAME Daniel Howard

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

15. MAIDEN NAME Seba Parker

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

17. INFORMANT Mrs. F. P. Howard (ADDRESS) Dixon Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Metairie Cemetery DATE Feb 11 1936

19. UNDERTAKER Tom B. Patton (ADDRESS) Stewart St. Dixon Hill

20. FILED 8120 1936 A. Gradsher Registrar.

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) W. C. Alexander M. D.
(Address) Dixon Hill

MAY 21 1962