

SEP 21 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Do not use this space.

2 CERTIFICATE OF DEATH

1. PLACE OF DEATH
74 County Madaway Registration District No. 630
Township Monroe Primary Registration District No. 5832
City Skidmore Registered No. 31372
St. _____ Ward _____

2. FULL NAME Albert Jerome Howard
(a) Residence, No. Maryville, Mo. St. 2nd Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 yrs. 13 mos. 13 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1872 May 22

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>65</u>	<u>65</u>	<u>2</u>	<u>27</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1933

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville Mo

13. NAME Benjamin Howard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Kentucky

15. MAIDEN NAME Francis Hawkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Illinois

17. INFORMANT (ADDRESS) Eugene Howard Skidmore, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE 2007 Cemetery Maryville Mo DATE Aug 31, 1937

19. UNDERTAKER (ADDRESS) J. Fred Wheeler Skidmore, Mo

20. FILED Aug 30, 1937 Dr. J. Manning Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1937 to Aug 28, 1937
I last saw him alive on Aug 25, 1937 Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:
Paralysis agitans
Influenza + Pneumonia
Date of onset _____

Other contributory causes of importance: 11a

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) J. C. Manning, M. D.
(Address) Skidmore, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 22 1945