

REC'D SEP 20 1939

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

Do not use this space.

29865

1. PLACE OF DEATH

County

Pemiscot

Registration District No.

651

Township

Primary Registration District No.

4388

City

Caruthersville

File No.

Registered No.

St.

Ward)

2. FULL NAME

Willis Howard

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Lucia Howard

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

9-10-1882

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

56

Sept

18

OCCUPATION

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.

own farm

10. Date deceased last worked at this occupation (month and year)

6-14-39

11. Total time (years) spent in this occupation

40

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

Aberdeen miss

FATHER

13. NAME

Noble Howard

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

Aberdeen miss

MOTHER

15. MAIDEN NAME

Milenda

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

Aberdeen miss

17. INFORMANT (ADDRESS)

Caruthersville Mo
Caruthersville, Mo Box 17

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Caruthersville Mo 9-3-39

19. UNDERTAKER (ADDRESS)

Mrs J. J. Smith
Caruthersville Mo. Box 364

20. FILED

Sept 20 1939 Leda Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Aug 14, 1939 to Aug 28, 1939

I last saw him alive on Aug 28, 1939 Death is said

to have occurred on the date stated above, at 7:45 p. m.

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

Paralysis, due to blood clot of the brain, Overexertion

Date of onset

9-2-39

Other contributory causes of importance:

Became happy because of control while he was having a stroke, did not realize

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

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) Jacob M. Bookfield, M. D.

(Address) Caruthersville, Mo.

RECEIVED

District Health Officer No.

District File Number 939 52

Date Filed 9/6/39