

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

Do not use this space.

5714

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 124

Township 2nd

Primary Registration District No. 4078

City Jackson

(No. St. Ward)

File No.

Registered No. 13

St.

Ward)

2. FULL NAME

John Henderson 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 40 yrs. mos.

da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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 OR (OR) WIFE OF

Emma Howard

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

2-24-1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

69

11

19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Near Jackson Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Henderson W Howard

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

12. MAIDEN NAME OF MOTHER

Mary Huston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

South Carolina

14.

INFORMANT Mrs. John Howard
(Address) Jackson Mo

15.

FILED 2-15-29 N. G. Luter

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb 13, 1929

17.

I HEREBY CERTIFY, That I attended deceased from Feb 11, 1929 to Feb 11, 1929

(that I last saw him alive on Feb 11, 1929 and that death occurred, on the date stated above, at about 2:00 p.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary edema following Charley-rental disease with hy pertension.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) B. H. Kays, M. D.

2/15/29 (Address) Jackson Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

4 days funeral Jackson Mo.

DATE OF BURIAL

2-18-1929

20. UNDERTAKER

Crucey Miller Jackson Mo

ADDRESS

11-19
1834-2-13
1834-2-14