

CERTIFICATE OF DEATH

48998

Registration
Dist. No. 722

Registered No. 394

(Certificate No.)

1. PLACE OF DEATH
County of Morgan
City of Jacksonville
Township of Jacksonville
Precinct of Jacksonville
Street and Number, No. 932 Mather
City (If death occurred in a hospital or institution, give the NAME (instead of street and number).)
Ward, (If death occurred in a hospital or institution, give the NAME (instead of street and number).)
Length of Residence Where Death Occurred 55 yrs. mos. ds.2. PLACE OF RESIDENCE: STATE Ill. County Morgan Township Jacksonville Road Dist. Jacksonville
City or Village Street and Number 932 Mather

3. FULL NAME Elias Howard

PERSONAL AND STATISTICAL PARTICULARS

4. SEX M 5. COLOR OR RACE W 6. Single, Married, Widowed, or Divorced (specify date prior to) Married

7. If married, widowed, or divorced HUSBAND of (last name of) Josephine Meech (last name of) WIFE of

8. DATE OF BIRTH (month, day, and year) June 3 1844

9. AGE Years 93 Months 6 Days 16 1 day LESS than 1 mo. or 1 day.

10. Trade, profession, or particular kind of work done, as plumber, Sawyer, Bookbinder, etc. Laborer

11. Industry of business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

12. Date deceased last worked at this occupation (month and year) 1/1/19
13. Total time (years) spent in this occupation 40

14. BIRTHPLACE (city or town) Cherokee

15. NAME Isaac Howard

16. BIRTHPLACE (city or town) Tennessee

17. MARRIAGE NAME Annie Grant

18. BIRTHPLACE (city or town) Tennessee

19. INFORMANT Mrs. Jessie Howard

P. O. Address Jacksonville Ill.

20. PLACE OF BURIAL (Cemetery or Chapel) East 21. DATE 12/22/1937

Cemetery Jacksonville

Location Jacksonville

County Morgan State Ill.

22. SIGNATURE OF DECEASED (If deceased, give name and address) Elias Howard Jacksonville Ill.

(Give date, if any)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1937 to Dec. 19, 1937

I last saw him alive on Dec. 19, 1937. Death is held to have occurred on the date stated above, at 11:30 P.M.

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

Myocarditis

Cause of death

Other contributory causes of importance:

Senility and generalized arteriosclerosis

23. Was an operation performed? NO Date of FOR

For what disease or injury? FOR

Was there an autopsy? NO

What test confirmed diagnosis?

24. If a communicable disease, was reported? NO

Was disease reported to occupation of deceased? NO

If so, state how? (Street) M. D.

Address Jacksonville, Illinois

Date Dec. 19, 1937 Telephone 780

25. Signatures of those causing death. All cases of death from "unknown causes, or any other means" must be referred to the coroner. See Section 74, Criminal Code.

Filed Dec. 22 1937 Anna Mason Deputy Registrar

P. O. Address Jacksonville Ill.