F. H. S. 4
140 REVISION

FILL IN THIS FORM (except signature)
WITH TYPEWRITER OR LEGIBLE PRINTING

15996

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

ORIGINAL

CERTIFICATE OF DEATH

Registered No. 203

1. PLACE OF DEATH
County of Morgan
Registration District No. 722
Village, Township, City, Ward, Precinct, Division, Dist. No. 3617
Jacksonville
(Check the proper line with a pencil. Do not write "R. F. D." or other P. O. address.)
Street and Number 932 Mauther St.
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Hospital

LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED 57 yr. mo. da.

2. PLACE OF RESIDENCE: STATE Ill. County Morgan Township Road Dist.
(Usual place of abode) City or Village Jacksonville Street and Number 932 Mauther
If Inst. No. 93 D

3 (a) PRINT FULL NAME Josephine Howard

3 (b) If veteran, name war Never
3 (c) Social Security No. NA
4. Sex Fem
5. Color or race W
6 (a) Single, widowed, married, divorced wid
5 (b) Name of husband or wife Elias Howard
6 (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) 10 (Day) 1867 (Year)
8. AGE: Years 74 Months 11 Days 7 If less than one day hr. min.
9. Birthplace Clinton Co Ky (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business nurse
12. FATHER: Name John Mick
13. Birthplace Scotland (City, town, or county) (State or foreign country)
14. MOTHER: Maiden name Hester Anderson
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. INFORMANT Mrs Otta Hull (Personal signature with pen and ink)
P. O. Address Jacksonville Ill
17. PLACE OF BURIAL, Cremation or Removal
(a) Cemetery Jacksonville (b) DATE 4/19 1942
Location Jacksonville (Township, Road, Dist., Village or City)
County Morgan State Ill
18. Undertaker Jacksonville
(Personal signature with pen and ink)
License number Home
(date issued, if any)

MEDICAL CERTIFICATE OF DEATH

19. Date of death: Month April day 17th
year 1942 hour 10 minute 15 A.M.
20. I hereby certify that I attended the deceased from January 19 58 April 17 1942 to 4 B
that I last saw her alive on April 16 1942 to 4 B
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cerebral thrombus	

22. Was an operation performed? no Date of
For what disease or injury?
Was there an autopsy? no
Findings?
23. If a communicable disease, where contracted?
Was disease in any way related to occupation of deceased? no
If so, specify how
24. (Signed) O. H. Smith M.D.
Address Jacksonville, Illinois
Date April 17, 1942
*E. B.—Give the cause underlying death. All deaths from "violent causes" or any "sudden death" must be referred to the coroner. See Section 12 Coroner's Act.
25. Filed April 18 1942 Anna M
P. O. Address Jacksonville

MARGIN BINDING — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Be sure to specify whether "Ill." or "Ill." is used. Do not use "Ill." or "Ill." in the STILLBIRTH and the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact replacement of composition is very important. See instructions on back of certificate.