N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1927

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

Do not use this space.

23696

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 962

City St Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME James Knox Polk Howell,

(a) Residence. No. St., Ward. Grant City, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3, 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
70	1	25	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Grant City,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Newton Howell,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Virginia,

12. MAIDEN NAME OF MOTHER Nancy Scott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Dr Jas A. Howell
(Address) Excelsior Springs, Mo.

15. FILED AUG 29 1927 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 28 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1927, to Aug 28, 1927 that I last saw him alive on Aug 28, 1927, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

94 B

94 B Angina Pectoris (duration) yrs. mos. 20 minutes ds.

CONTRIBUTORY (SECONDARY) Probable Coronary artery sclerosis (duration) ~~yrs.~~ ~~mos.~~ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? NO. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Tendency

(Signed) H W Clark, M. D

8/31, 1927 (Address) 301 Phys & Surg Bldg

*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: Grant City, Missouri,

DATE OF BURIAL: Aug. 30, 1927

20. UNDERTAKER: Heaton-Belgale Und Co by J H Karle

ADDRESS: 319 S. 10 St.