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

Do not use this space.

39131

1. PLACE OF DEATH
County Saline — Registration District No. 796 — File No.
Township Marshall — Primary Registration District No. 6039 — Registered No. 159
City ~~Malta Bend~~ (No. ..... St. ..... Ward)

2. FULL NAME Irvin Howery
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (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: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 14 1927

7. AGE — YEARS — MONTHS — DAYS: 4 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Malta Bend
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Vant Howery.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marshall
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Sarhorell Baker.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Arde Co. Mo.

14. INFORMANT Van Howery
(Address) Malta Bend, Mo.

15. FILED 12/19 1927 D. F. Manning REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1927, to Dec 18, 1927 that I last saw h. 1 M alive on Dec 14, 1927, and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital Stenosis
Pulmonary Artery
159 C
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 159 C
(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? Extreme Cyanosis from birth

(Signed) [signature], M. D
12/19 1927 (Address) Marshall, 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: Union Cem. — DATE OF BURIAL: Dec 18 1927

20. UNDERTAKER: Vandiver - Sweeney — ADDRESS: Marshall Mo.

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.