JUN 4 1928

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

Do not use this space.

13920

1. PLACE OF DEATH

County: Lewis — Registration District No. 480 — File No.

Township: — Primary Registration District No. 4289 — Registered No.

City: La Grange (No. ..., ... St. ... Ward)

2. FULL NAME Mary Anne Howell

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Whie	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23ed 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	5	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Wife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Keddeminster Worcestshire
(STATE OR COUNTRY) England

PARENTS

10. NAME OF FATHER James Guttery

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER Simmons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) London
(STATE OR COUNTRY) England

14. INFORMANT Birdie Howell
(Address) ~~La Grange, Mo.~~

15. FILED April 30, 1928 W B Ellery, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1928

17. I HEREBY CERTIFY, That I attended deceased from April 27, 1928 to April 28, 1928 that I last saw h.e.r. alive on April 28, 1928, and that death occurred, on the date stated above, at 8:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (SECONDARY) ...
(duration) ... yrs. ... mos. ... ds.

7401

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

(Signed) W B Ellery, M. D.

April 29, 1928 (Address) La Grange 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: La Grange — DATE OF BURIAL: May 1st 1928

20. UNDERTAKER: A.A.Roberts — ADDRESS: La Grange

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.