

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

Do not use this space.

34225

1. PLACE OF DEATH

County Mississippi
Township Swainscroft
City Charleston (Name)

Registration District No. 566
Primary Registration District No. 3030

File No. _____
Registered No. 89
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. _____ da. How long in U.S., if of foreign birth? yrs. mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Miles J. Howlett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2nd 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 9 4 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Greenville
(STATE OR COUNTRY) Sy.

PARENTS

10. NAME OF FATHER Andrew Martin

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

12. MAIDEN NAME OF MOTHER Fannie Rice

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

14. INFORMANT Mrs. Ruby H. Thompson
(Address) Charleston, W. Va.

15. FILE NO. Oct 23 1928 REGISTRAR J. S. Vermon

MEDICAL CERTIFICATE OF DEATH 4:50 A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-22 1928

17. I HEREBY CERTIFY, That I attended deceased from MAY 18 1928, to OCT. 27 1928 that I last saw her alive on OCT. 27 1928, and that death occurred, on the date stated above, at 4:50 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CEREBRAL HEMORRHAGE

74 (duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY ARTERIO SCLEROSIS
(SECONDARY)

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? TYPICAL SYMPTOMS
(Signed) A. W. Chapman, M. D.
, 19 (Address) Charleston, W. Va.

*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 _____ DATE OF BURIAL _____

J. O. J. 10-23 1928

20. UNDERTAKER The Laur Hud. Co. ADDRESS Charleston W. Va.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 23 1928

79-4-20

Dr. J. P. Morgan