

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

Do not use this space.

18792

27 1929

1. PLACE OF DEATH
County Marion
Township Liberty
City (No.)

Registration District No. 548
Primary Registration District No. 5740

File No.
Registered No. 20
St. Ward)

2. FULL NAME William Franklin 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 68 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 24, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 8 6

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) Farmer
(c) Name of employer

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

10. NAME OF FATHER Orlando Howell

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

12. MAIDEN NAME OF MOTHER Nancy A. Lair

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

14. INFORMANT Miss Maude Howell
(Address) Woodland, Missouri

15. FILED 5/31 1929 [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30, 1929

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1929, to May 30, 1929, that I last saw him alive on May 29, 1929, and that death occurred, on the date stated above, at 2:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

151
Chronic Nephritis (Interstitial)

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C. W. Haulem, M. D.

May 31, 1929 (Address) Palmyra 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 Greenwood Cemetery DATE OF BURIAL 6/1/ 1929

20. UNDERTAKER Lewis Beal ADDRESS Palmyra 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.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1910