

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

Do not use this space.

22165

1. PLACE OF DEATH

County Newton

Registration District No. 6/141

Township

Primary Registration District No. 4555

City Granby (No.)

St. Ward

2. FULL NAME

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Thomas B. Howerton

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

May 21 1847

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

82

0

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housework

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

X

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

10. NAME OF FATHER

Thomas Freed

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

12. MAIDEN NAME OF MOTHER

Maris Toliver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

14.

INFORMANT

(Address)

Jane Howerton

15.

FILED 6-20-1929

M F Palmer

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 19, 1929

17.

I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1929, to June 19, 1929, that I last saw h.l. alive on May 23, 1929, and that death occurred, on the date stated above, at 720 J. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis
B.D.

(duration) yrs. 5 mos. 19 ds.

CONTRIBUTORY (SECONDARY)

75 W
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH?

DATE OF

8 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Dr. Kolens

M. D.

6-20-1929 (Address) Granby 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

DATE OF BURIAL

Granby Cemetery June 20 1929

20. UNDERTAKER

ADDRESS

Jacubinski Granby 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.

THIS IS A PERMANENT RECORD

73
JUL 3 6

26 1929

2355
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