

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

Do not use this space.

42571

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1002
City..... (No. Peoples Hospital) St. Ward)

File No.
Registered No. 12349

2. FULL NAME

Andrew Howell

(a) Residence. No. 3140 Hickory St., 18 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 col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 exact is not known about 29

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Labor

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Starkville miss
(STATE OR COUNTRY)

10. NAME OF FATHER Andrew Howell

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

12. MAIDEN NAME OF MOTHER Maneria Weaver

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

14. INFORMANT O. W. Howell
(Address) 3140 Hickory Pl

15. FILED DEC 18 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/14/29

17. I HEREBY CERTIFY, that I attended deceased from 12/13, 1929, to 12/14, 1929, that I last saw him/her on 12/14/29 and that death occurred, on the date stated above, at 12/14/29 m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute suppurative appendicitis
CONTRIBUTORY (SECONDARY) Acute Diffuse Peritonitis

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 12/13/29
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. H. Gray M. D.

*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 Starkville miss DATE OF BURIAL 12-20-1929

20. UNDERTAKER Waters and Son 2769 Chouteau ADDRESS

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.

