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

Do not use this space.

23928

1. PLACE OF DEATH
County: Pulaski
Township: Tavern
City: (No. ..... St. ..... Ward)
Registration District No.: 716
Primary Registration District No.: 5945
File No.:
Registered No.: 10

2. FULL NAME: Beatrice Jane Howland
(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: C B Howland

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 2 1851

7. AGE: 78 YEARS | MONTHS: 8 | DAYS: 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co. Mo.

PARENTS
10. NAME OF FATHER: Levi Phillips
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Carolina Goza
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. H. F. Schiefel
(Address)

15. FILED: July 9 1930 W. Hall REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 1 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1930, to July 1, 1930 that I last saw her alive on June 26, 1930 and that death occurred, on the date stated above, at 12:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Erysipelas
15B
107A
(duration) ..... yrs. 2 mos. 9 ds.

CONTRIBUTORY (SECONDARY): Pneumonia
Bronchial (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF 0
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? 0
(Signed) C. Mallett, M. D
July 2, 1930 (Address) Crocker 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: Johnson Cemetery
DATE OF BURIAL: July 2 1930

20. UNDERTAKER: Hoops Sam
ADDRESS: Crocker 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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 6 1930