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.

MAR 7 1931

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

Do not use this space.

8487

1. PLACE OF DEATH
County Stoddard — Registration District No. 838 — File No.
Township Liberty — Primary Registration District No. 4509 — Registered No. 6
City Dexter (No. ..... St. ..... Ward)

2. FULL NAME Fred L Howell

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 4 - 1890

7. AGE: 40 YEARS, MONTHS 10, DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: W. J. Howell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Stoddard Co Mo
12. MAIDEN NAME OF MOTHER: Malinda A Ezell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT (Address): W. Z. Howell Dexter Mo.

15. FILED 2/9/1931 F. LaRue REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1929, to Feb 7, 1931, that I last saw him alive on Feb 7, 1931, and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular heart disease (mitral insufficiency)
(duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): None
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? In Stoddard Co Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam
(Signed) W. C. Dinkman, M. D
Feb 9, 1931 (Address) Dexter 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: Ezell Graveyard. — DATE OF BURIAL: 2-8-1931

20. UNDERTAKER: C O Biggs — ADDRESS: Dexter Mo.