

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.

MAY 23 1931

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

Do not use this space.

13992

1. PLACE OF DEATH

County Howell
Township Lebo
City Lebo

Registration District No. 384
Primary Registration District No. 5535

File No. 77
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Albert D J Uowell

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18, 1894</u>		
7. AGE YEARS <u>36</u>	MONTHS <u>6</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
13. NAME <u>Don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Patricia Z. Uowell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
17. INFORMANT (ADDRESS) <u>J D Uowell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>M. C. Murray beat</u> <u>April 7, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>M. C. Pauland</u>		
20. FILED <u>4-71</u> 19 <u>31</u> <u>O. A. Heinrich</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 16 - 1931

22. I HEREBY CERTIFY, That I attended deceased from April 2nd, 1931, to April 4th, 1931. I last saw him alive on April 4th, 1931. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:
Pneumonia
(Labor)
Influenza

Other contributory causes of importance: _____

Name of operation none Date _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury _____ 1931
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Y.
If so, specify _____
(Signed) P. H. Sparks, M. D.
(Address) West Plains, Mo.

