

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

Do not use this space.

25718

1. PLACE OF DEATH

County New Madrid
Township ~~New Madrid~~
City Mathews (No. St. Ward)

Registration District No. 345
Primary Registration District No. 4553

File No.
Registered No. 5800 Ward)

2. FULL NAME

Mrs Lillian Howard

(a) Residence, No. Mathews 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 <u>Female</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 <u>Melvin Howard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 7 = 1890</u>		
7. AGE	YEARS <u>40</u>	MONTHS <u>7</u>
	DAYS <u>23</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>30</u>
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Huntington Penn</u>	
	13. NAME <u>W. R. Leach</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>	
	15. MAIDEN NAME <u>Mary Brooks</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
17. INFORMANT <u>Budie George</u> (ADDRESS) <u>Mathews Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mathews</u> DATE <u>July 31 '31</u>		
19. UNDERTAKER <u>John Albreton</u> (ADDRESS) <u>Mathews Mo</u>		
20. FILED <u>Aug 10 1931</u> <u>Jennie E. Deane</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1931

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....
I last saw h. alive on, 19.... Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:
Gun shot in head self inflicted.
167
Other contributory causes of importance: 107

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 7-30, 1931
Where did injury occur? Mathews, New Madrid Co
(Specify city or town, county, and State) mo
Specify whether injury occurred in industry, in home, or in public place. in Home
Manner of injury gun shot wound in head
Nature of injury self inflicted

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. H. Holman coroner, M. D.
(Address) Portageville 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.

SEP 24 1931

