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 30 1932

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

Do not use this space.

12222

1. PLACE OF DEATH

39 County Greene — Registration District No. 317 — File No.

2 Township ~~Republic~~ — Primary Registration District No. 4192 — Registered No.

6 City Republic, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Jeff Davis 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): Widowed

5A. IF MARRIED, ~~WIDOWED~~, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Husband of Mrs. Logan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1864

7. AGE: YEARS 67 — MONTHS 11 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 237
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common work
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

FATHER

13. NAME Jeff Howell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 2

MOTHER

15. MAIDEN NAME Sarah Foster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Nerva A. Sullivan Republic, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen DATE 4/18 1932

19. UNDERTAKER (ADDRESS) R. L. Thurman Republic Mo.

20. FILED 4/18 1932 V. W. Shover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1932 to April 16, 1932

I last saw him alive on April 12, 1932 Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia - Apr 11 — Date of onset

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Other contributory causes of importance:

Weak Heart (1)

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In House of Sister

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) E. L. Beal, M. D.

(Address) Republic Mo