

19197-a

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

Do not use this space.

19197-a

## 1. PLACE OF DEATH

County Gentry  
Township Jackson  
City..... (No.....)..... St..... Ward.....

Registration District No. 311  
Primary Registration District No. 5433

File No.....  
Registered No.....

## 2. FULL NAME

Rebecca E. Howell

(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

F

## 4. COLOR OR RACE

W

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Elmer Howell

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 7 - 1861

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

71

4

26

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

at Home

(b) General nature of industry, business, or establishment in which employed (or employer).....

L

(c) Name of employer.....

## 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Wisconsin

PARENTS

## 10. NAME OF FATHER

Dannel Davis

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

## 12. MAIDEN NAME OF MOTHER

Rebecca Howell

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Ind.

## 14.

INFORMANT.....  
(Address).....

Mrs. Ina Roberts  
Gentry Mo.

## 15.

FILED

6/14/32

Mrs. C. M. Williamson  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

19

## 17.

I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to June 3, 1932 that I last saw her alive on May 26, 1932, and that death occurred, on the date stated above, at 7 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

23A

Chronic  
Pulmonary T. B.  
(duration) yrs..... mos..... ds.....

## CONTRIBUTORY (SECONDARY)

23 (duration) yrs..... mos..... ds.....

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) L. E. Simson M. D.

, 19 (Address) Stanbery 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

## DATE OF BURIAL

Bechel Cementry

6/5 1932

## 20. UNDERTAKER

Laton F. Phyllis

## ADDRESS

Stanbery Mo.

