

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

Do not use this space.

28780

1. PLACE OF DEATH

24 County Clay
Township Fidelity
City Excelsior Springs

Registration District No. 198
Primary Registration District No. 3412270

File No. _____
Registered No. 117
St. _____ Ward) _____

2. FULL NAME

Martha Labina Howdeshell
(a) Residence, No. Clay Co St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 39 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 (87) 2 280

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo

13. NAME John Howdeshell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Ky

15. MAIDEN NAME Margaret McAlister

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) G. H. ... Excelsior Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Howdeshell Cemetery DATE Sept 22 1932

19. UNDERTAKER (ADDRESS) Herbert Hope Excelsior Springs Mo

20. FILED 9/21 1932 Y. A. Craven Registrar

MEDICAL CERTIFICATE OF DEATH

3

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1932 to Sept 21, 1932

I last saw h. PN alive on Sept 20, 1932 Death is said to have occurred on the date stated above, at 3 A.M.

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

Decompensated Mitral Insufficiency
92A
95B
132P
Chronic Mraemic Poisoning

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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. _____

Manner of injury _____ Nature of injury _____

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

If so, specify _____ (Signed) John Trace M. D.
Address Excelsior Springs Mo

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.

10 OCT 25 1932

