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.

OCT 05 1932

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

Do not use this space.

28903

1. PLACE OF DEATH

35

County Dunklin — Registration District No. 283 — File No.

Township Buffalo — Primary Registration District No. 5402 — Registered No.

City (No. , St. Ward)

2. FULL NAME Zella Lee 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 29-1922

7. AGE: YEARS 9 — MONTHS 11 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Girl

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): Ark 2

FATHER

13. NAME: Floyd Howell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. 1

MOTHER

15. MAIDEN NAME: Evar Alice Graves

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss 2

17. INFORMANT (ADDRESS): Floyd Howell Cardwell Mo

18. BURIAL, CREMATION, OR REMOVAL: Burial
PLACE Senath Mo. DATE 9-7, 1932

19. UNDERTAKER (ADDRESS): Home Made

20. FILED 9-7-, 1932 Louise Walker
Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 6th, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1932, to Sept. 6, 1932

I last saw her alive on Sept. 6, 1932. Death is said to have occurred on the date stated above, at 10 P m.

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

Malaria + Typhoid

Date of onset

Other contributory causes of importance: (1)

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

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 ....., 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? .....

If so, specify .....

(Signed) Eli Back, M. D.

(Address) Cardwell Mo