

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

JAN 23 1932

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

Do not use this space.

29151

1. PLACE OF DEATH
 36 County Franklin Registration District No. 294
 5 Township Centerville Primary Registration District No. 4178
 6 City St. Clair (No.) St. (Ward) ...

2. FULL NAME Betty Lee Howard
 (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. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8, 1932

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
3 3 26

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.
 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) St. Clair Mo

FATHER
 13. NAME Harvey Howard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Mo

MOTHER
 15. MAIDEN NAME Stella Ritchie
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Mo

17. INFORMANT Harvey Howard
 (ADDRESS) St. Clair Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Greenwood Cem DATE 12/4-32

19. UNDERTAKER Wm. Casey & Co
 (ADDRESS) St. Clair Mo

20. FILED 174 1932 W. E. Mitchell
 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2-32

22. I HEREBY CERTIFY, That I attended deceased from Nov-26-32 to Dec-2-32
 I last saw him alive on Dec-2-32 Death is said to have occurred on the date stated above, at 8 P.M.
 The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia Date of onset 11/28/32
11A
1070 11A
 Other contributory causes of importance:
Influenza

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 W-E-Ritchie
 (Signed) W-E-Ritchie, M. D.
 (Address) St. Clair Mo

