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.

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

Do not use this space.

40665

1. PLACE OF DEATH

64 County Marion — Registration District No. 548.

Township Liberty — Primary Registration District No. 5740.

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 70

2. FULL NAME Mary Eliza 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 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	2	24	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Marion County Missouri 1

FATHER

13. NAME James Kinney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentuckey 4

MOTHER

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record 31

17. INFORMANT (ADDRESS) Claude Howell Woodland, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Palmyra Mo DATE 12/28/32, 19

19. UNDERTAKER (ADDRESS) Lewis Bros Palmyra Mo

20. FILED Dec. 27th 1932 Gertrude Lee Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21st, 1932 to Dec. 25th, 1932.

I last saw her alive on Dec. 24th, 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Myocarditis — Date of onset 12-24-32

93D 93 N

11A

112

Other contributory causes of importance:

Bronchial asthma and Influenza 12-20-32

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

What test confirmed diagnosis? clinical 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 ..... (1)

Nature of injury .....

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

If so, specify .....

(Signed) [signature], M. D.

(Address) Palmyra, Mo.