

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

8240

1. PLACE OF DEATH

51 County Johnson Registration District No. 426
Township Chilhowee Primary Registration District No. 5581
City Chilhowee (No. St. Ward)

File No.

Registered No. 3

2. FULL NAME Mary Lou Howard,

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 8 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) -----

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9th 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>I</u>	<u>8</u>	<u>II</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Insurgent</u>
	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) Leeton Mo

FATHER 13. NAME J. L. Howard

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Mo

MOTHER 15. MAIDEN NAME Minnie Youn g

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co Mo

17. INFORMANT J. L. Howard,
(ADDRESS) Chilhowee Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chilhowee DATE 2/20/33

19. UNDERTAKER Sweeney-Cook,
(ADDRESS) Chilhowee Mo,

20. FILED Feb 21, 1933 J. L. Beatty
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 33 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1933, to Feb 14, 1933
I last saw her alive on Feb 18, 1933 Death is said to have occurred on the date stated above, at 2-9 m.

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

Disease of Suppurated
abscess of
breast
6 mo
of age

Other contributory causes of importance: Anaesthesia

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. L. Beatty M. D.
(Address) Chilhowee Mo

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. 1933

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

426
6581

Dr. JAMES STEWART,
SPECIAL AGENT,

6240

JEFFERSON CITY, MISSOURI.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

#2

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mary Lu Howard

Who died at Amherst Johnson on Feb. 19-1933
(City) (County) (Date)

Residence: No. _____ St. _____
(If nonresident, city or town).

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or Country) _____

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: Disease of suprarenal glands

Advised Disease and General Cause

Other contributory causes: prob. was over growth of

Name of operation: prob. of the pituitary gland

What test confirmed diagnosis? _____ Was there an autopsy? _____

56240