

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

Do not use this space.

3596

1. PLACE OF DEATH

County Morgan
Township Morgan
City _____ (No. _____) St. _____ Ward _____

Registration District No. 598
Primary Registration District No. 4355

File No. _____
Registered No. 6

2. FULL NAME

George Anderson Howerly
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Ida May Pillow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 7-1860</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>5</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</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) <u>Benton Co Mo</u>		
FATHER	13. NAME <u>John Howerly</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Delila Bowman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Ida May Howerly</u> <u>Versailles, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Paulsboro</u> DATE <u>Feb 13 1933</u>		
19. UNDERTAKER (ADDRESS) <u>W. F. Kidwell</u> <u>Versailles, Mo.</u>		
20. FILED <u>2-12 1933</u> <u>H. M. Littenan</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6 P. m.

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

Found dead at his home
Death probably due
to Coronary Occlusion
4 (3)

Other contributory causes of importance:

no former illness

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? No Date of injury _____, 19____

Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify W. G. Gum (Coroner)

(Signed) W. G. Gum (Coroner)

(Address) Versailles 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.

