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.

File No. 22239

Registered No. 103

1. PLACE OF DEATH Audrain Hospital

County Audrain — Registration District No. 26

Township Salisbury — Primary Registration District No. 3002

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

2. FULL NAME James Arthur Howell

(a) Residence, No. Audrain Co Mo 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 male

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~~ Mrs Lidie Howell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 — 1885

7. AGE Years 47 Months 11 Days 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Audrain Co, Mo.

FATHER

13. NAME W. B. Howell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Lucy McWead

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT W. W. Howell (ADDRESS) Molino Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico Mo. DATE July 5 1933

19. UNDERTAKER McPherson Bros. (ADDRESS) Mexico Mo.

20. FILED July 4 — 1933 Ira S. Milligan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1933

22. I HEREBY CERTIFY That I attended deceased from June 28 1933, to July 3 1933, I last saw him alive on July 2 1933. Death is said to have occurred on the date stated above, at 2:00 A. m.

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

	Date of onset
Intestinal ileus following appendectomy	

Other contributory causes of importance:

Name of operation Appendectomy Date of 6/28/33

What test confirmed diagnosis? Improved 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? No

If so, specify ✓

(Signed) H C Brashear, M. D.

(Address) Mexico Mo