

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.

AUG 28 1933

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

Do not use this space.

23684

1. PLACE OF DEATH

County Livingston Registration District No. 508
Township _____ Primary Registration District No. 3026
City Chillicothe (No. _____) St. _____ Ward _____

File No. _____
Registered No. 82

2. FULL NAME Infant Mr. & Mrs. W. Howe

(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>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>(write the word)</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 5 1933</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, <u>1</u> hrs. or <u>1</u> min.
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) <u>Chillicothe Mo</u>		
FATHER	13. NAME <u>Wm C Howe</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chillicothe Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary Mable Knowse</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chillicothe Mo</u>	
17. INFORMANT <u>Wm Howe</u> (ADDRESS) <u>Chillicothe</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hutchison</u> DATE <u>7 5 1933</u>		
19. UNDERTAKER <u>J B Norman</u> (ADDRESS) <u>Chillicothe Mo</u>		
20. FILED <u>July 5 1933</u> <u>Rever. Conroy</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933, to July 5, 1933
I last saw him alive on July 5, 1933 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:
Malformation of head
Congenital - sized
1 1/2 hours
Other contributory causes of importance:
1574

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? _____ 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) A. Collins, M.D.
(Address) Chillicothe Mo

