

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

Do not use this space.

24135

1. PLACE OF DEATH

County Randolph
Township Moberly
City Moberly (No. _____)

Registration District No. 735
Primary Registration District No. 3034

File No. _____
Registered No. 146
St. _____ Ward _____

2. FULL NAME

Howard Allen Timmons
(a) Residence. No. 506 Winchester 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 colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 2 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
10 19
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Howard Timmon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) mo

12. MAIDEN NAME OF MOTHER Edith Hurley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) mo

14. INFORMANT Howard Timmons
(Address) Moberly - mo

15. FILED 7/22/33 Thos Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-21 1933
17. I HEREBY CERTIFY, That I attended deceased from 7-20 1933, to 7-21 1933, that I last saw him alive on 7-20 1933, and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis
129
179
CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

4 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. Meador M. D.
, 19 _____ (Address) Moberly mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oakland Cemetery DATE OF BURIAL July 22 1933

20. UNDERTAKER Robert L. Carr ADDRESS Moberly 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.

