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

Do not use this space.

40916

1. PLACE OF DEATH

County Pemiscot — Registration District No. 114 — File No. 19

Township Godair — Primary Registration District No. 5869 — Registered No.

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

2. FULL NAME Nellie Louise Howell

(a) Residence, No. ..... 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 21-33

7. AGE — YEARS: — MONTHS: — DAYS: 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Near Portageville Mo.

FATHER

13. NAME: W.C.Howell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gibson County Tenn.

MOTHER

15. MAIDEN NAME: Lillie Strong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gibson County Tenn.

17. INFORMANT (ADDRESS): W.C.Howell Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Portageville DATE: Dec., 9th, 33

19. UNDERTAKER (ADDRESS): [illegible] undertaker Portagewise Mo

20. FILED 12/10, 1933 C A Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-6 (9), 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 6th, 19..., to ....., 19....

I last saw her alive on Dec. 6 —, 1933 Death is said to have occurred on the date stated above, at 4 a m.

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

Cause of baby death unknown

Date of onset

Zoo B

Other contributory causes of importance:

Zoo B

Name of operation ..... Date of .....

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

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) A. A. Reeder, M. D.

(Address) Portageville Mo

...tem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.