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

Do not use this space.

21064

File No. 79

Registered No.

1. PLACE OF DEATH

County: Linn — Registration District No. 458

Township: Bucklin — Primary Registration District No. 4301

City: Bucklin (No. ..... St. ..... Ward)

2. FULL NAME: Rachel Susan Howe

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 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): widowed

6. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: James A Howe

7. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-3-1838

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	96	4	18	

OCCUPATION

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

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): Ketesville Mo

FATHER

13. NAME: Cupp Howe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

17. INFORMANT (ADDRESS): Belle Thomson, Bucklin Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Bucklin Mo DATE: June 22, 1934

19. UNDERTAKER (ADDRESS): G. C. Hermann, Bucklin Mo

20. FILED: June 21, 1934 J. L. Cauthrell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934, to June 20, 1934. I last saw her alive on June 20, 1934. Death is said to have occurred on the date stated above, at 8 p.m.

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

Fracture of the neck of the femur — Date of onset 6-20-34

Other contributory causes of importance: Surgical Shock

Name of operation: None — Date of:

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident — Date of injury June 20, 1934

Where did injury occur? Bucklin Mo (Specify city or town, county, and State)

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

Manner of injury: Fall to a flat

Nature of injury: Fracture of neck of femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) J. L. Cauthrell, M. D.

(Address) Bucklin Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very im

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD