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.

JUN 30 1934

1. PLACE OF DEATH
County New Madrid — Registration District No. 604 — File No. 21283
Township New Madrid — Primary Registration District No. 5-802 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Jeenine Howard
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 17 1923
7. AGE: YEARS 11 — MONTHS 2 — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Child
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): Matthews Mo.

FATHER
13. NAME: Adolphus Howard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Bessie Howard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Adolphus Howard, Kewanee, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Matthews Cem. DATE 6/18/ 1934
19. UNDERTAKER (ADDRESS): Richards Und. Co. New Madrid
20. FILED 6/25/ 1934 W. Bannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 17, 1934
22. I HEREBY CERTIFY That I attended deceased from June 15 —, 1934 to June 17, 1934
I last saw her alive on June 17, 1934. Death is said to have occurred on the date stated above, at 7:8 m.
The principal cause of death and related causes of importance were as follows:

Colitis
IVOB

Date of onset

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) E. E. Jones, M. D.
(Address) Lilbourn, Mo.