Bell + W

SEP 18 193

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

Do not use this space.

30260

1. PLACE OF DEATH
County Nodaway — Registration District No. 628 — File No.
Township Polk — Primary Registration District No. 3031 — Registered No. 103
City Maryville Mo (No. St Francis Hospital St. Ward)

2. FULL NAME Mary Virginia 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 25 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-22-1845

7. AGE — YEARS: 88 — MONTHS: 11 — DAYS: 6 — If LESS than 1 day, ...hrs. or ....min.

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) Tenn.

FATHER
13. NAME John Settles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Va

MOTHER
15. MAIDEN NAME Nancy J. Howell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlston S.C.

17. INFORMANT (ADDRESS) Walter Howard Skidmore Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairfax Mo DATE 8-30 1934

19. UNDERTAKER (ADDRESS) Campbell Funeral Home Maryville Mo

20. FILED 8-30 1934 Mamie E Clardy Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-23 1934 to 8-27 1934
I last saw her alive on 8-26 1934 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:
Following a fracture left hip from a fall in the floor 1860
Date of onset
Other contributory causes of importance: Extreme Senility & Senile Dementia.
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? — 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 Fall in floor
Nature of injury Fracture left hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas T Beer, M. D.
(Address) Maryville, Mo.

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.