APR 2 1935

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

Do not use this space.

7729

1. PLACE OF DEATH

100 County Scott — Registration District No. 816 — File No.

4 Township — Primary Registration District No. 4492 — Registered No. 35

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

4

2. FULL NAME Gearldine Howell

(a) Residence, No. 320 Gray 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. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25 1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	0	0	22	

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) Chaffee Missouri

FATHER

13. NAME Jack Howell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record Illinois

MOTHER

15. MAIDEN NAME Della Malone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vanduser Missouri

17. INFORMANT (ADDRESS) Jack Howell Chaffee Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE U. P. Cem. DATE Feb. 17 1935 Chaffee Missouri

19. UNDERTAKER (ADDRESS) H. F. Stubbs Chaffee Missouri

20. FILED 2-16 1935 W. Dunn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-25, 1935, to 2-16, 1935

I last saw her alive on 2-15, 1935 Death is said to have occurred on the date stated above, at 10a m.

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

	Date of onset
~~[illegible]~~ Pneumonia	
Influenza	2/1/35

Other contributory causes of importance:

Congenital Heart Disease	
Blue Baby	1/25/35

Name of operation None Date of .....

What test confirmed diagnosis? None 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? No

If so, specify .....

(Signed) W. Dunn, M. D.

(Address) Chaffee 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.

Ruth

Chaffe

Geraldine Howell
300 Gray

SS

Female White Infant

"

Jan. 25 1933

SS

Infant

"

Chaffee
Missouri

Jack Howell

No Record
Illinois

Nellie Malone

Vanduser
Missouri

Jack Howell

Chaffee Missouri

U. K. Co. Chaffee Missouri

M. [illegible] Hughes Feb. 17 33

Chaffee Missouri