

OCT 30 1935

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

Do not use this space.

31556

1. PLACE OF DEATH

County ScottRegistration District No. 816

File No. _____

Township _____

Primary Registration District No. 44922Registered No. 52City Chaffee (No. _____)

St. _____ Ward _____

2. FULL NAME

Chas Wayne Howehh(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16, 357. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— 5 22OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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 Mo13. NAME O. B. Tines

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME Geneva Howehh16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co Mo17. INFORMANT Henry Howehh
(ADDRESS) Chaffee Mo18. BURIAL, CREMATION, OR REMOVAL Union Pr. Chaffee
PLACE DATE 9/9/3519. UNDERTAKER Bispling, Hoop & Hubbard
(ADDRESS) Chaffee, Mo20. FILED 9/9/35 W. J. Dineen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on Sept 8, 1935 Death is saidto have occurred on the date stated above, at 10p m.

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

_____ Date of onset _____

Byphilitis
Cholera
Sept 11/35

Other contributory causes of importance: _____

Name of operation None Date of _____What test confirmed diagnosis? Cholera 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) W. J. Dineen, 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.

RECORD

THIS IS A PERMANENT RECORD

