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.

NOV 18 1935

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

Do not use this space.

31766

1. PLACE OF DEATH
County Audrain — Registration District No. 26 — File No.
Township Saltrivier — Primary Registration District No. 3002 — Registered No. 151
City Mexico Mo (No. ..... St. ..... Ward)

2. FULL NAME Alma Elizabeth Howerton
(a) Residence, No. 113-U E Promonda 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmo T Howerton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 1908
7. AGE — YEARS 26 — MONTHS ~~10~~ 9 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Kansas City Mo

FATHER
13. NAME John Havener
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co Mo

MOTHER
15. MAIDEN NAME Edna E. Owens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo

17. INFORMANT (ADDRESS) Elmo T Howerton Mexico

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cem DATE 10-12- 1935

19. UNDERTAKER (ADDRESS) H A Rucht & Son Mexico Mo

20. FILED Oct-12 1935 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 2nd 1935, to Oct 10 1935
I last saw her alive on Oct 10 1935. Death is said to have occurred on the date stated above, at 9 30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia-Streptococcus	10/4/35

Other contributory causes of importance:
childbirth

Name of operation ..... Date of ✓
What test confirmed diagnosis? ..... Was there an autopsy?

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) R S Williams, M. D.
(Address) Mexico Mo

10SM-11-24-33