

NOV 18 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31787

1. PLACE OF DEATH
4 County Andrain Registration District No. 26
4 Township _____ Primary Registration District No. 3002
3 City Mexico Mo (No. _____) St. _____ Ward _____
2. FULL NAME Baby Howell
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-12-35 23 hrs</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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) <u>Andrain Hospital</u> (STATE OR COUNTRY) <u>Mexico Mo</u>		
MOTHER	13. NAME <u>Orval E. Howell</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Rolla Co Mo</u> (STATE OR COUNTRY) _____	
	15. MAIDEN NAME <u>Etta Storch</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Vandalia</u> (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Orville E. Howell</u> (ADDRESS) <u>Centar Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rolla Co Mo</u> <u>Hay Creek Cemetery</u> DATE <u>Oct-14-1935</u>		
19. UNDERTAKER <u>Disposed by Family</u> (ADDRESS) <u>Centar Mo</u>		
20. FILED <u>Oct-14-1935</u> <u>Blanche Neely</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1935, to Oct 13 1935
I last saw her alive on Oct 13 1935 Death is said to have occurred on the date stated above, at 7:40 m.
The principal cause of death and related causes of importance were as follows:
Premature birth (5 mos gestation) Date of onset _____
Other contributory causes of importance: 15A
Name of operation None 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? no 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) H. Crashear, M. D.
(Address) Mexico 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.

