

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.

11/12/35

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

Do not use this space.

34679

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis, Mo. (No. Barnes Hospital)

File No.
Registered No. **9160**
St. Ward)

2. FULL NAME Luther Madison Howlett

(a) Residence, No. 2910 Norwood St. 6 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unavailable ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, HUSBAND OF WIFE OF HUSBAND OF Mae Howlett		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1894		
7. AGE YEARS 41	MONTHS 6	DAYS 23
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor		
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) Unavailable		11. Total time (years) spent in this occupation Unk.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10 - 30 - 1935**

22. I HEREBY CERTIFY, That I attended deceased from **7 - 17 - 1935**, to **10 - 30 - 1935**

I last saw him alive on **10 - 30 - 1935**; Death is said to have occurred on the date stated above, at **1:15 a. m.**

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

abscess of left lung from TB pneumonia course unknown

Date of onset **4-35**

Other contributory causes of importance: **114 lb**

Name of operation *Cautery Pneumothorax* of **10-27-35**
What test confirmed diagnosis? *X-ray* Was there an autopsy? **1**

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) *A. R. Bradley*, M. D.
(Address) *Barnes Hospital*

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
	13. NAME Lewis Howlett
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
	15. MAIDEN NAME Katie Ruffins
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
	17. INFORMANT Mae Howlett (ADDRESS) 2910 Norwood Avenue
18. BURIAL, CREMATION, OR REMOVAL PLACE Alton, Illinois DATE November 3, 1935	
19. UNDERTAKER Charles J. Gater (ADDRESS) 4107 Finney Avenue	
20. FILED OCT 31 1935 <i>J. Bredeck</i> Registrar.	

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000