

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

Do not use this space.

1. PLACE OF DEATH **FEB 23 1936**

County Vernon Registration District No. 875
 Township _____ Primary Registration District No. 3039
 City Nevada (No. _____) St. _____ Ward _____

File No. 4279
 Registered No. 10

2. FULL NAME Henry Francis Howell
 (a) Residence, No. 73016 Cedar St. 2 Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosetta Howell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1876-2-24</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>10</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		
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) <u>Jan 8 - 1936</u>		11. Total time (years) spent in this occupation <u>35</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nevada Mo</u>		
13. NAME <u>Hamilton Howell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Charles Mo</u>		
15. MAIDEN NAME <u>Laura Sears</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Macon Mo</u>		
17. INFORMANT (ADDRESS) <u>Mrs Rosetta Howell Nevada Mo</u>		
18. BURIAL CREMATION, OR REMOVAL <u>Nevton cemet DATE Jan 19 - 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Ferry Funeral Home Nevada Mo</u>		
20. FILED <u>Jan 18 1936</u> <u>M. C. Cushing Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 - 1936

22. I HEREBY CERTIFY That I attended deceased from 1-11-36 to 1-17-36, 1936
 I last saw him alive on 1-17-36, 1936. Death is said to have occurred on the date stated above, at 6 a.m.
 The principal cause of death and related causes of importance were as follows:
Left lower lobe pneumonia Date of onset 1-9-36

Other contributory causes of importance:
None

Name of operation None Date of _____
 What test confirmed diagnosis? Chromosomal analysis 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) M. Wray, M. D.
 (Address) Nevada 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.

WHEN IN CARET, WITH ONFADING INVA... THIS IS A PERMANENT RECORD

