

JUN 26 1936

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

Do not use this space.

20493

1. PLACE OF DEATH

County St. Francis  
Township Randolph  
City Elvins (No. ....)

Registration District No. 772  
Primary Registration District No. 6024C

File No. 305  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Lulu 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
54 8 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home  
(b) General nature of industry, business, or establishment in which employed (or employer) -  
(c) Name of employer -

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT Geo Howell  
(Address) Elvins Mo.

15. FILED 5/15/36 CB Barrer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7th 19 36

17. I HEREBY CERTIFY, That I attended deceased from Dec 20th, 1935, to May 7th, 1936, that I last saw h. .... alive on May 7th, 1936, and that death occurred, on the date stated above, at about 9 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Angina Pectoris  
(duration) 3 yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) None  
(duration) .... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at Home

DID AN OPERATION PRECEDE DEATH? No DATE OF -

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS None  
(Signed) Edgar G. Whitfield, M. D.  
, 19 36 (Address) Elvins Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Gipson Cemetery DATE OF BURIAL 5-9, 1936

20. UNDERTAKER Geo Diemer ADDRESS Flat River Mo

