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.

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

Do not use this space.

25526

AUG 25 1936

1. PLACE OF DEATH
County Buchanan
Township Washington
City St Joseph Mo
Registration District No. 85
Primary Registration District No. 1001
(No. State Hosp #2 St. Ward)
File No.
Registered No. 884

2. FULL NAME Minnie Howell
(a) Residence, No. St., Ward. Chillicothe, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Elmer Howell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/14/1884
7. AGE YEARS 51 MONTHS 7 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Missouri

FATHER
13. NAME James Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER
15. MAIDEN NAME Mary Ann Hampton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) State Hosp #2 Records.
18. BURIAL, CREMATION, OR REMOVAL PLACE Chillicothe Mo. DATE Unknown
19. UNDERTAKER (ADDRESS) MUNESHGER CHILLICOTHE MO
20. FILED July 3, 1936 H J Nettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1936.
22. I HEREBY CERTIFY, That I attended deceased from April 14, 1936, to July 2, 1936
I last saw her alive on July 2, 1936. Death is said to have occurred on the date stated above, at 10:32 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Chronic Myocarditis	

93 C

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? E. K. G. 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) Clifton Smith, M. D.
(Address) By E. E. DeLong M. D. State Hosp #2