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

AUG 24 1936

Do not use this space.

27403

1. PLACE OF DEATH
County MONROE — Registration District No. 582 — File No.
Township JACKSON — Primary Registration District No. 5779 — Registered No. 45
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME IRA SPENCER YOWELL
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LETHA YOWELL
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 28, 1871
7. AGE YEARS 65 MONTHS 3 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
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) JULY 1936
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE CO. MO.

FATHER
13. NAME ROBT. L. YOWELL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA.

MOTHER
15. MAIDEN NAME LUCY E. MARR.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT (ADDRESS) MRS. LETHA YOWELL Paris, Missouri.
18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE JUL 8 1936, 19
19. UNDERTAKER (ADDRESS) Speed & Blakey Paris, Missouri.
20. FILED JUL 7 1936 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUL 7 1936, 19

22. I HEREBY CERTIFY That I attended deceased from July 7, 1936 to July 7, 1936
I last saw him alive on July 4, 1936 Death is said to have occurred on the date stated above, at 7:00 A.m.
The principal cause of death and related causes of importance were as follows: Had not complained of any trouble till five minutes before death. No post mortem or inquest was held because he was in presence of two witness. Attempt at embalming a quantity of free blood had found below diaphragm and some blood from rectum. Probable died from perforated ulcer of duodenum.
Date of onset
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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 1764, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
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. C. McMurry, M. D.
(Address) Paris, Missouri.