OCT 21 1936

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

Do not use this space.

30266

1. PLACE OF DEATH
County: Christian
Township: Finley
City: ~~[illegible]~~ (No. ..... , ... St. ..... Ward)

Registration District No. 184
Primary Registration District No. 5255

File No. .....
Registered No. 35

2. FULL NAME Newt Howell

(a) Residence, No. County Infirmary St. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. approx. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1857

7. AGE: Years 78 | Months 10 | 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. (Inmate)
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) Alabama

FATHER
13. NAME Pike Howell Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

MOTHER
15. MAIDEN NAME Mary Crawford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Frank Howell San Antonio, Tex.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Ozark Cemetery DATE Aug. 5, 1936

19. UNDERTAKER (ADDRESS) B. C. Kleppes Ozark, Mo.

20. FILED Sept 8, 1936 Loretta Leonard Registrar.

MEDICAL CERTIFICATE OF DEATH

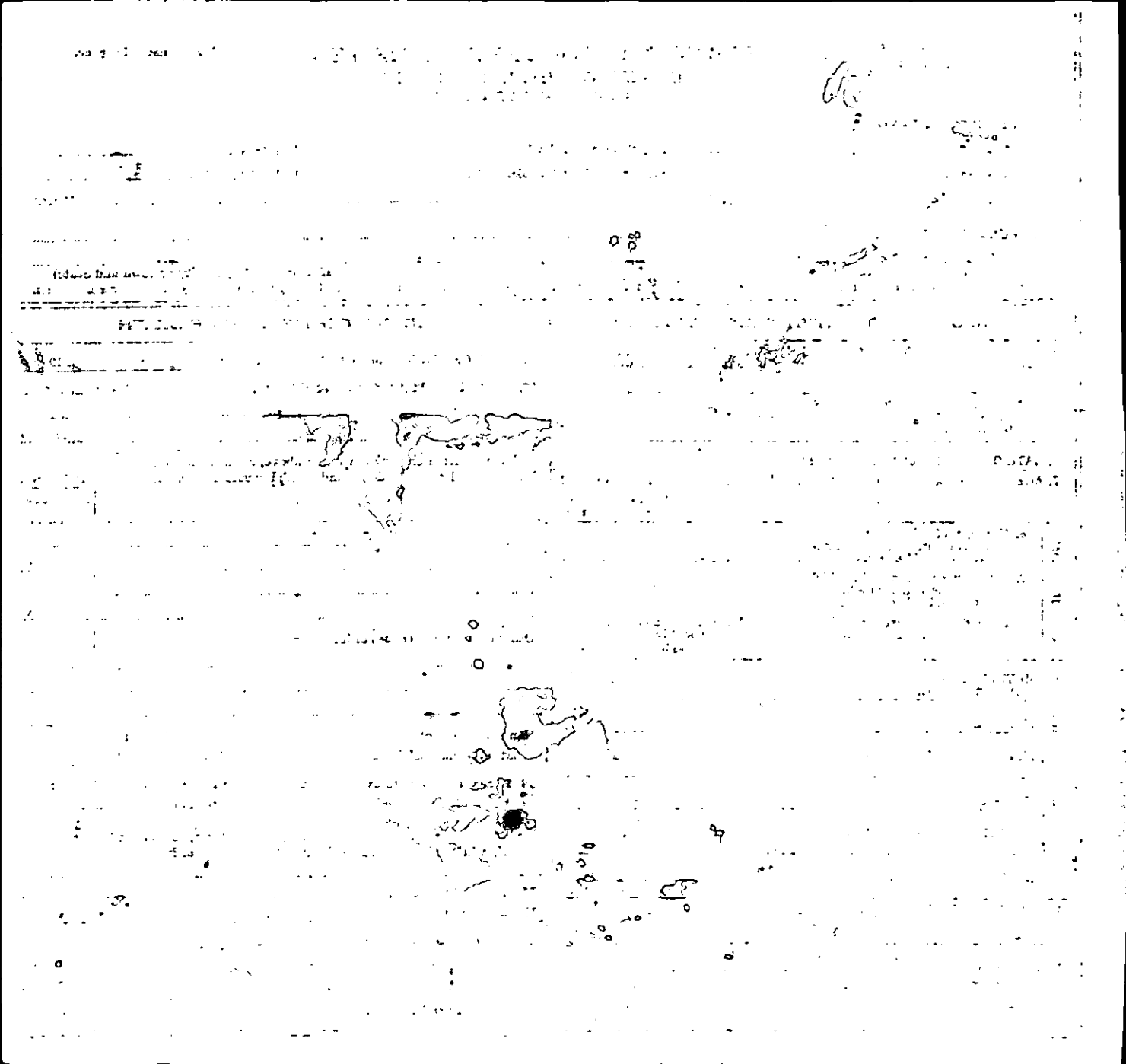
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10th, 1936 to Aug 31th, 1936
I last saw him alive on July 29th, 1936 Death is said to have occurred on the date stated above, at 10:00 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Int Nephritis — Date of onset 1-24-36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Phy ex 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) H. J. Wise, M. D.
(Address) Sparta, Mo.