NOV 28 1936

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

Do not use this space.

37481

File No.....

Registered No.....

1. PLACE OF DEATH

County Henry Registration District No. 347

Township Bogard Primary Registration District No. 5485

City Blairstown (No. ..... St. ..... Ward)

2. FULL NAME James B Howerton

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-30-1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	75	0	18	

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) .....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo

FATHER

13. NAME R H Howerton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockingham Co North Carolina

MOTHER

15. MAIDEN NAME Nancy Ann Harper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT Fanny Howerton
(ADDRESS) Blairstown Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carpenter Cemetery DATE Oct 19 1936

19. UNDERTAKER Fred C Wilkinson
(ADDRESS) Clinton Mo.

20. FILED 12-24 1936 J R Houghton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...

I last saw ~~him~~ alive on Oct 15 1936 Death is said to have occurred on the date stated above, at 8.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Prodysis	

Other contributory causes of importance .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) J R Houghton, M. D.

(Address) Blairstown

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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