Dr L

MAR 17 1937

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

Do not use this space.

5526

File No. 31

Registered No.

1. PLACE OF DEATH
County: Clay
Township: Fishing River
City: Clay Springs (No. , St. Ward)
Registration District No. 198
Primary Registration District No. 3011

2. FULL NAME: Orpha Emerald Howell

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

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Dr J. A. Howell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 16 - 1894

7. AGE: Years 43 | Months 0 | 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.: At Home
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): Fulda Missouri

FATHER
13. NAME: Allie Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER
15. MAIDEN NAME: Fannie Snyder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): J. A. Howell Excelsior Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lawson Ill. DATE: Feb 28, 1937

19. UNDERTAKER (ADDRESS): Herbert Hope Excelsior Springs Mo.

20. FILED: Feb 26, 1937 Loretta McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2 25 1937

22. I HEREBY CERTIFY, That I attended deceased from 2. 16, 1937, to 2. 20, 1937

I last saw him alive on 2 24, 1937. Death is said to have occurred on the date stated above, at 5 30 p.m.

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

	Date of onset
Bronchogenetic Carcinoma	

Other contributory causes of importance:
Acute cardiac dilitation

Name of operation: None Date of:
What test confirmed diagnosis? ✓ 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. E. Hope M. D.
(Address) 900 Sun Exc Springs

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