

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

Do not use this space.

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1. PLACE OF DEATH

County St. Francois Registration District No. 774
 Township " Precinct/Registration District No. 4465
 City Flax River, Mo. (No. _____) St. _____ (Ward _____)

File No. _____
 Registered No. _____

2. FULL NAME

Mary Pauline Howlett

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White - cauc. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Way H. Howlett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15 - 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
<u>75</u>	<u>2</u>	<u>26</u>		

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. own home

10. Date deceased last worked at this occupation (month and year) 2-11-37 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER 15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT Mr. Wayne Howlett - Step Son (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkview DATE February 13, 1937

19. UNDERTAKER Alvin W. Hood (ADDRESS) Flax River - Mo.

20. FILED 3-4 1937 B. B. Barron Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1937, to Feb. 11, 1937.

I last saw h.e.r. alive on Feb. 11, 1937. Death is said to have occurred on the date stated above, at 8:10 P. m.

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

Chronic Intestinal nephritis (Date of onset _____)
Uremia

Other contributory causes of importance: 131
Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical 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) Walter Appleberry, M. D.
 (Address) Riverside, Mo

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.

