

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.

APR 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township
City Marshall (No. _____)

Registration District No. 796
Primary Registration District No. 3038

File No. 13713
Registered No. 47
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. JAMES O'HOWELL Ward _____
(Usual place of abode) Marshall, R. F. D.

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 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) July 9, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 7 22

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 _____

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

13. NAME Marion O'Howell

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

15. MAIDEN NAME Elizabeth Adams

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

17. INFORMANT (ADDRESS) John L. O'Howell
R. F. D. - Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Philok Cem. DATE Mar. 3 1937

19. UNDERTAKER (ADDRESS) Short & M. Coary
Marshall, Mo

20. FILED 3-2-37 Ray Weston
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1937

22. I HEREBY CERTIFY, That I attended deceased from held irregular on March 1, 1937
I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
Date of onset: _____

Other contributory causes of importance: Stroke

Name of operation _____ 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) B. C. Bradshaw, M. D.
(Address) Coroner, Saline Co., Mo.
Ray Weston

