

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.

JUN 24 1937

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

E. C. Shelton
Do not use this space.

20753

1. PLACE OF DEATH
 County Morgan Registration District No. 597 43⁵⁴ File No. _____
 Township _____ Primary Registration District No. 5792 Registered No. _____
 City Barnett (No. _____) St. _____ Ward _____
 2. FULL NAME Cornelia Elizabeth Howard
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Burd Howard
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30 1856
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 80 1 15
 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. _____
 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) Missouri
 FATHER 13. NAME Callhill Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 MOTHER 15. MAIDEN NAME Sarah Stevens
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT Mrs. Barbara
 (ADDRESS) Barnett, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Howard Cem. DATE 3-17 36
 19. UNDERTAKER Phillips Funeral Home
 (ADDRESS) Barnett, Mo.
 20. FILED 3-17 1936 H. C. Callin
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14 1936
 22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1936, to 3-14, 1936
 I last saw her alive on 3-13, 1936. Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 3-10 36
 Other contributory causes of importance:
Influenza 3-5-36
 Name of operation none Date of _____
 What test confirmed diagnosis? smear 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) E. C. Shelton, M. D.
 (Address) Barnett Mo

