

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

Do not use this space.

JUL 26 1937

1. PLACE OF DEATH

County Audrain
Township Salt River
City Mexico

Registration District No. 26
Primary Registration District No. 3002
(No. Audrain County Hospital)

File No. 23069
Registered No. 87
St. _____ Ward _____

2. FULL NAME Troy (Tony) Howerton

(a) Residence, No. 914 W. Buchanan 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1937

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

22. I HEREBY CERTIFY That I attended deceased from July 27, 1937 to June 30, 1937
I last saw him alive on June 29, 1937. Death is said to have occurred on the date stated above, at 12:58 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29th, 1877

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

7. AGE YEARS 59 MONTHS 9 DAYS -1 If LESS than 1 day, _____ hrs. or _____ min.

Mexico
Pneumonia
epitels
withral stricture

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drayman

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 _____

103a

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

Name of operation None Date of _____

13. NAME Arron Howerton

What test confirmed diagnosis? Fundus Was there an autopsy? no

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

15. MAIDEN NAME Elizabeth Check

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury ✓, 19____

Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no

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

17. INFORMANT Claude Howerton (ADDRESS) Mexico, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood, Mexico, MO DATE July 2, 1937

Manner of injury ✓
Nature of injury ✓

19. UNDERTAKER Chas. Arnold Jr. (ADDRESS) Mexico, Missouri

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

20. FILED June 30, 1937 Blanche Keely Registrar

(Signed) H. C. Sheehan, M. D.
(Address) Mexico, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. A copy should be returned to the Bureau.

