

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.

72
OCT 22 1937

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

34866
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 605
 (b) Township Conno Primary Registration District No. 4359
 (c) City..... (d) Street No..... Registered No.....
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sharon Melvis Howell

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) 1936-4-11

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 5 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
 9. Industry or business in which work was done, as 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) MO

FATHER 13. NAME Henry Howell

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

MOTHER 15. MAIDEN NAME Mala Wilson

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

17. INFORMANT Henry Howell
 (ADDRESS) Kalarkton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cornua Mo DATE Sept 30 37

19. FUNERAL DIRECTOR Louis Campbell
 (ADDRESS) Mo

20. FILED 9/29/37 Dr. Geo. W. Husted
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1937 to Sept 29 1937
 I last saw him alive on Sept 29 1937. Death is said to have occurred on the date stated above, at 2:50 AM
 The principal cause of death and related causes of importance were as follows:

Chillio Colitis Date of onset Sept 22

Other contributory causes of importance 119B

Name of operation none Date of ✓
 What test confirmed diagnosis? none Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury ✓, 19 37
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Traydon Cartston, M. D.
 (Signed) Traydon Cartston (Address) Malden

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)