

**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

105 County Sullivan Registration District No. 849
Township RED Primary Registration District No. 6114A
City Green Castle, Mo. (No. _____) St. _____ Ward _____

File No. 4375
Registered No. 32

2. FULL NAME Henery Grant Howes 2,00

(a) Residence, No. RED Green Castle, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily May Howes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Je. 6, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
71 7 7

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. Agriculture

10. Date deceased last worked at this occupation (month and year) Jan. 10, 1938 11. Total time (years) spent in this occupation _____

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

13. NAME John Howes

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

15. MAIDEN NAME Ellen Howes

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

17. INFORMANT E. S. Howes
(ADDRESS) Memdon, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 1/13/38

19. UNDERTAKER Davis Funeral Home
(ADDRESS) Kirksville, Mo.

20. FILED Feb 9, 1938 Virginia Gibson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him alive on Jan 10, 19____ Death is said to have occurred on the date stated above at 2:30 a. m.

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

Deceased was awaiting his and was given his own first aid treatment inflicted possible and possibly internal injury.

Other contributory causes of importance: Possibly Hemiplegia due to stroke and when regained consciousness

Name of operation None Date of _____

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1/11, 1938

Where did injury occur? At his home (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) J. C. Roberts, M. D.

(Address) Volloch, 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.

Miss Virginia Gibson
Green City

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH