

REC'D SEP 14 1939

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

28691

Do not use this space.

## 1. PLACE OF DEATH

(a) County Butler Registration District No. 92  
(b) Township Ash Hill Primary Registration District No. 3134B  
(c) City Broseley, Mo. (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(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 Ira Howe

(a) Residence, No. Broseley, Mo. Rt. 1 St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
Nell Howe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 11, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
53 7 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) Galatia  
(STATE OR COUNTRY) Illinois

FATHER 13. NAME John Howe

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

MOTHER 15. MAIDEN NAME Clem Crawford

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

17. INFORMANT Earl Howe  
(ADDRESS) Broseley, Mo. Rt. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Ash Hill DATE August 10, 1939

19. FUNERAL DIRECTOR (NAME) Greer-Croy Service  
(ADDRESS) Poplar Bluff, Mo.

20. FILED 9-10-39 1939 Thos. Campbell (Address) Poplar Bluff, Mo.  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 12:30 m.

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

Apoplexy  
g. h. i.

Date of onset

Other contributory causes of importance:

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? \_\_\_\_\_

If so, specify \_\_\_\_\_  
(Signed) Gov. W. Greer-Croy

(Address) Poplar Bluff, Mo.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Grover W. Green*

Licensed Embalmer No. *2964*

P. O. Address *Poplar Bluff*

**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.)**

**If this body is not embalmed, above space should be left blank.**