

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

29675
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Mason Primary Registration District No. 3029
 (c) City Hannibal (d) Street No. St. Elizabeths Hospital 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

Christie M. Howell
 (a) Residence, No. _____ St. Eldorado Kansas
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 - 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Oil Fields
 10. Date deceased last worked at this occupation (month and year) July 29/39 11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Missouri
 13. NAME Baylis Howell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
 15. MAIDEN NAME Rebecca L. Zutterback
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs C. M. Howell Eldorado Kansas R. #4

18. BURIAL, CREMATION, OR REMOVAL PLACE Eldorado Kansas DATE Aug. 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson & Son Monroeville Mo.

20. FILED Aug 5 1939 W. J. Fisher Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 4 1939

22. I HEREBY CERTIFY, that I attended deceased from Aug 4 1939 to Aug 4 1939
 I last saw deceased alive on July 4 1939 Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Strangulated Intestinal Hernia Date of onset Aug 1 1939
At Intestinal Hernia

Other contributory causes of importance: 1220
Toxemia - vomiting

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chin 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) J. P. Coulter M. D.

Address 4817 1001 Bldg Mountbldm

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.

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.

Signature *D. W. Wilson*

Licensed Embalmer No. *1696*

P. O. Address *Monroe City Mo*

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.