

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.

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

Do not use this space.

41009

1. PLACE OF DEATH

County

Township

City

(No. _____)

Registration District No.

Primary Registration District No.

File No. _____

Registered No. _____

St. _____

Ward) _____

2. FULL NAME

(a) Residence No. _____

(Usual place of abode)

St. _____

Ward. _____

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Ola M. Howell

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

Aug. 15 - 1883

7. AGE

YEARS

56

MONTHS

3

DAYS

8

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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

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

Dexter, Mo. R.B. Co.

13. NAME

David Howell

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

Stoddard, Mo.

15. MAIDEN NAME

Barbara Vandagriff

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

Stoddard, Mo.

17. INFORMANT (ADDRESS)

Ola M. Howells
Dexter, Mo. R.B. Co.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cremated Daily

DATE

10/25/39

19. UNDERTAKER (ADDRESS)

Washburn
Dexter, Mo.

20. FILED

11/14

1939

Jennie Burton
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov-23, 1939

22. I HEREBY CERTIFY, That I attended deceased from

November 23, 1939, to November 23, 1939

I last saw him alive on November 23, 1939. Death is said to have occurred on the date stated above, at _____ m.

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

Apoplexy

Date of onset

11/23/39

Other contributory causes of importance:

Hypertension et.
Artero-sclerosis

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? no

If so, specify

(Signed)

S. J. Davis

, M. D.

(Address)

Dexter, Mo.

FEB 18 1954

RECEIVED

District Health Officer No. 2,

District File Number 1239-432

Case Filed 12-11

Hunter Albritton
Dickinson Mo.
2940