

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

Do not use this space.

1131

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township _____ Primary Registration District No. 3018
 City Clinton (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 120

2. FULL NAME

Jessie Howell
 (a) Residence, No. Peague Bldg. Ward. _____
 (Usual place of abode)
 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clare Howell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 - 1844
 7. AGE YEARS 88 MONTHS 6 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hairdresser
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in home
 10. Date deceased last worked at this occupation (month and year) 2 years 11. Total time (years) spent in this occupation 24 1/2

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

MOTHER FATHER
 13. NAME Thos Darnell

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

15. MAIDEN NAME Ann Johnson

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

17. INFORMANT (ADDRESS) Mrs Meta Roberts
Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ladue Mo DATE 1-31 1933

19. UNDERTAKER (ADDRESS) Spencer
Clinton Mo

20. FILED 1-4 19.33 E. C. Trellor
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1933
 22. I HEREBY CERTIFY that I attended deceased from July 1 1932 to Jan 3 1933
 last saw him alive on Jan 2 1933 Death is said to have occurred on the date stated above, at 4 a.m.
 The principal cause of death and related causes of importance were as follows:

Senile debility
& old age
92 yr
92 yr
 Other contributory causes of importance:
Spent Valvular
trouble

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Samuel B. Peague M. D.
 (Address) Clinton 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.
 JAN 23 1933
 Peague

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