

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

Do not use this space.

35869

1. PLACE OF DEATH ^{DEC 18 1935}
 42 County Henry Registration District No. 347
 Township Clinton Mo Primary Registration District No. 3018
 4 City Clinton Mo No. _____ St. _____ Ward _____
 2. FULL NAME Harold C. Howell
 (a) Residence, No. East Jefferson 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 M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Grace Howell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2 1861
 7. AGE YEARS 73 MONTHS 11 DAYS - If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 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. retired
 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) Pennsylvania
 FATHER 13. NAME William Howell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
 MOTHER 15. MAIDEN NAME Elizabeth Marshland
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
 17. INFORMANT (ADDRESS) George Howell
 18. BURIAL, CREMATION, OR REMOVAL PLACE Congewood DATE Nov 3 1935
 19. UNDERTAKER (ADDRESS) Spare & Son
 20. FILED 11-5 1935 J.R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1935
 22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1935, to Oct 1, 1935.
 I last saw h.j. alive on Oct 1, 1935. Death is said to have occurred on the date stated above, at 9 A.M.
 The principal cause of death and related causes of importance were as follows:
Heart Failure
Coronary Thrombosis
 Other contributory causes of importance: arterial
 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? No.
 If so, specify _____
 (Signed) Good Street 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.

WRITE FAIRLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

