

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

Do not use this space.

1088

JAN 19 1937

1. PLACE OF DEATH

42 County Henry
Township Shawnee
City Chilhowee (No. _____)

Registration District No. 358
Primary Registration District No. 55022

File No. _____
Registered No. 17 St. _____ Ward _____

2. FULL NAME John Willaim Howerton

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
63 4 12

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.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Wm M. Howerton

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

MOTHER 15. MAIDEN NAME Lousia Dunaway

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

17. INFORMANT Ivan Howerton (ADDRESS) Chilhowee, Mo.

18. BURIAL, CREMATION, OR REMITAL PLACE Carsville Cem DATE Jan 4-1937

19. UNDERTAKER O.L. Cook, (ADDRESS) Chilhowee, Mo.

20. FILED Jan 7 1937 E. G. Tibler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 30 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 11 1937, to Jan 13 1937

I last saw him alive on Dec 29 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Spinal Arteriole
510
Date of onset _____

Other contributory causes of importance: suicidal

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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 Jan 11 1937
Where did injury occur? Henry County, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Rock fall injuring his
Nature of injury leg

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. A. Beatty M. D.
(Address) Chilhowee, 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.

