

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

Do not use this space.

JUL 24 1935

20431

1. PLACE OF DEATH

County **Moniteau**

Registration District No. **571**

Township **Walker**

Primary Registration District No. **5769**

City

(No.

File No.

Registered No. **38**

St. Ward

2. FULL NAME **Albert Lonso Howlett**

(a) Residence, No. 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

Male

4. COLOR OR RACE

white

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

widowed

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

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

Oct. 7, 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

77

7

21

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)

Ky.

FATHER

13. NAME

Ingram Howlett

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

unknown

MOTHER

15. MAIDEN NAME

Pollic

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

unknown

17. INFORMANT (ADDRESS)

J. S. Howlett

18. BURIAL, CREMATION, OR REMOVAL

PLACE **N. Lebanon cem.** DATE **6-29-1935**

19. UNDERTAKER (ADDRESS)

J. W. Walker & Son California, Mo.

20. FILED

6-29 1935 J. P. Pope Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 28, 1935**

22. I HEREBY CERTIFY, That I attended deceased from

January 1935, to **June 28, 1935**

I last saw him alive on **June 27, 1935**. Death is said to have occurred on the date stated above, at **8** m.

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

Chronic Neoplasm

Date of onset

Other contributory causes of importance:

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

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) **L. M. Gray**, M. D.

(Address) **California Mo**

N. B.—Every item of information 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.

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