

The Irvine Times - November 1, 1940

### **SHELBY HOWELL DIES**

Shelby Howell, 50, Pryse, died suddenly from a heart attack Saturday morning. He was a member of Estill Post 79, American Legion; secretary and pastmaster of Thacker Lodge 710 F. & A. M.

Surviving him are his wife, Mrs. Susan Jane Howell; a daughter, Miss Anice Howell, and a son, Warren Howell, all of Pryse; his parents, Mr. and Mrs. W. E. Howell, Crystal; four sisters, Mrs. Herman Durbin, Irvine; Mrs. Lou McKnight and Mrs. Ella Hughes, of Crystal, and Mrs. Maggie Pryse, of Pryse; five brothers, Hood, of Irvine; Volle, of Old Landing; Bille, of Crystal; Everett, of Pryse, and Alie, of Cynthiana.

Rev. Cornelius Estes conducted funeral services at Mt. Sinai Christian church Monday afternoon at 1:00 o'clock and burial followed in the Howell cemetery with military honors by the American Legion, and Masonic honors by the Thacker lodge.

Howell, Shelby 1890 - 1940

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Form V. S. 1-A  
**COMMONWEALTH OF KENTUCKY**  
 Department of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

File No. **23206**  
 Registered No. **412**

1. PLACE OF DEATH  
 County Estill  
 City Irwin  
 No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Shelby Howell  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Original 23207  
 (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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. Single, Married, Widowed <u>Married</u>	6. DATE OF BIRTH <u>Oct 3<sup>rd</sup> 1890</u>		21. DATE OF DEATH <u>Oct 26<sup>th</sup> 1940</u>	
7. AGE Years <u>50</u> Months <u>✓</u> Days <u>18</u> If LESS than 1 day ..... hrs. or ..... min.			8. Trade, profession, or particular kind of work done, as planter, sawyer, bookkeeper, etc. <u>Farmer</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 26, 1940</u> to <u>Oct. 26, 1940</u> I last saw him alive on <u>Oct. 26, 1940</u> and he died to <u>the</u> occurred on the date stated above, at <u>Irwin, Estill Co., Ky.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>acute heart failure probably coronary occlusion</u>	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE <u>Lee County</u>						
13. NAME <u>Mr. E. Howell</u>						
14. BIRTHPLACE <u>Estill County</u>						
15. MAIDEN NAME <u>Margaret Crawford</u>						
15. BIRTHPLACE <u>Estill County</u>						
17. INFORMANT <u>W. Howell</u> (Address) <u>Old Landing</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Estill Co.</u> Date <u>Oct 28<sup>th</sup> 1940</u>						
19. UNDERTAKER <u>T. Lewis</u> (Address) <u>Irwin - Ky</u>						
20. FILED _____ 12 _____ Registrar.						
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.					Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____	
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify <u>6056</u> (Signed) <u>J. B. Marcan</u> , M. D. (Address) <u>Irwin, Ky.</u>						

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.