

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.

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

Do not use this space.

9399-a

MAR 26 1936

1. PLACE OF DEATH

County Harrison

Registration District No. 338

Township Adams

Primary Registration District No. 5479

City (No. St. Ward)

2. FULL NAME

Sallie A. Keown

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 40 3 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Harrison County, Mo.

13. NAME William Conner

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

15. MAIDEN NAME Nancy Davisson

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

17. INFORMANT John T. Keown (ADDRESS) Gilman City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLAC Blue Ridge Cemetery

19. UNDERTAKER W.D. Haines (ADDRESS) Gilman City, Mo.

20. FILED Mar 10, 1936 [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24-1910

22. I HEREBY CERTIFY, That I attended deceased from

4-24-1910, 1910, to 4-24-1910, 1910

I last saw her alive on 4-23-1910 Death is said

to have occurred on the date stated above, at 7 a.m.

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

Chronic Pulmonary Tuberculosis
23A

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, 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

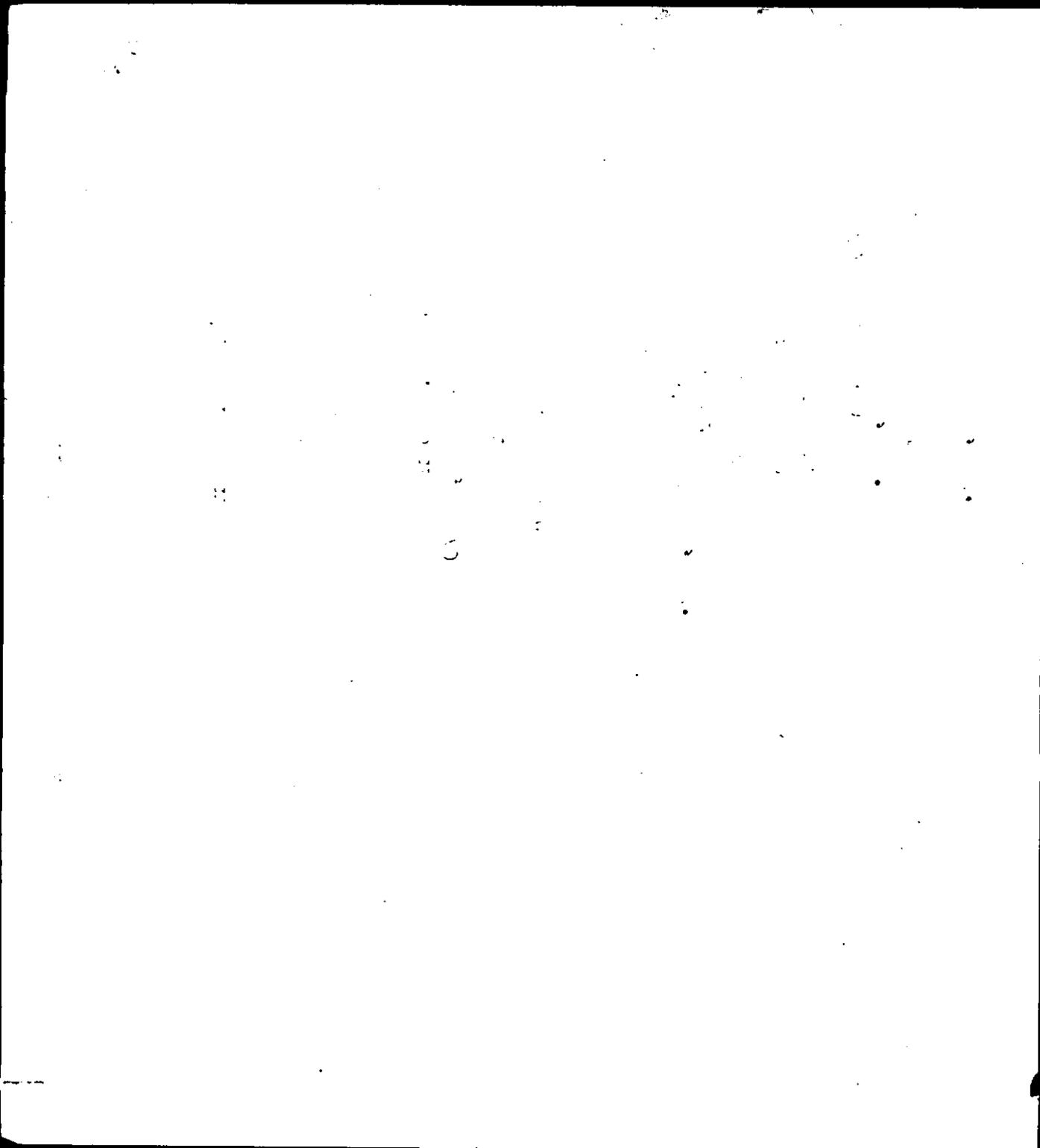
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [Signature], M. D.

(Address) [Address]



STATE OF MISSOURI)
) ss
COUNTY OF HARRISON)

I, G. A. Stowers, being of lawful age first being duly sworn upon my oath state that my Post Office address is Gilman City, Mo, that I have lived in and near said City for the last 35 years; that I am a regular licensed Physician & Surgeon, doing a general practice, and as such was the regular family physician of John T. Keown and Sallie A. Keown, his wife. I further state that I was the physician in attendance at the time of the death of said Sallie A. Keown, who died April 24, 1910 in Registration District No 338 Primary District No 5479 of Harrison County Mo, that the Death Certificate in said case and filed with I. O. Oliphant Local Registrar on March 10, 1936, is the Original Certificate showing the death of Mrs Keown and is the only one issued for said deceased. All facts pertaining to the death of said deceased are clearly mentioned in said Certificate.

Dated this 23^d day of March 1936.

G. A. Stowers M. D.

Subscribed and sworn to before me the undersigned notary public within and for county and state aforesaid this the day and year first above written.

My Commission expires
Oct 25th 1939.

I. O. Oliphant
Notary Public.

