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

Do not use this space.
11042

1. PLACE OF DEATH
County: Buchanan
Township:
City: St. Joseph (No. ..... St. ..... Ward)

Registration District No. 85
Primary Registration District No. 1001

File No. 427
Registered No.

2. FULL NAME: Emma May Owens

(a) Residence. No. 705 N. 13th 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.

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.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 22-27

7. AGE: Years — 0; Months 0; Days 0; If LESS than 1 day, 11 hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): St. Joseph
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Chas Owens
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Hamilton
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Percie Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Knoxville
(STATE OR COUNTRY): Mo

14. INFORMANT: Chas Owens
(Address): 705 N. 13th St.

15. FILED: 4-23, 1927 John G. Uhlig, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 22 1927

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1927, to April 22, 1927, that I last saw h~~er~~ alive on April 22, 1927, and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
6 months & hours
11 hrs
1 min
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Stratification in Embryo
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) J. D. Guyton, M. D.
4-23, 1927 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: City Cemetery
DATE OF BURIAL: 4/23 1927

20. UNDERTAKER: B. F. Graves
ADDRESS: 1309 N. 4th