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. 2854

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 436

City ..... (No. 4519 Beacon Ave St. ..... Ward)

2. FULL NAME Alice Marie Owens

(a) Residence. No. 4519 Beacon Ave St. 7 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27-1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	10	14	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) St Louis, Mo.

PARENTS

10. NAME OF FATHER James F. Owens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Arkansas
12. MAIDEN NAME OF MOTHER Bertha A. Spain
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Arkansas

14. INFORMANT James F. Owens
(Address) 4519 Beacon Ave

15. FILED ..... 19.. Mar C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1928

17. I HEREBY CERTIFY, That I attended deceased from 7 P.M. Jan 10, 1928, to 10:30 PM Jan 10, 1928, that I last saw her alive on Jan 10, 1928, and that death occurred, on the date stated above, at 10:26 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108

(duration) 10 yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Ursa Thimp, M.D.
Jan 12, 1928 (Address) 4958 Emerson Av

*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: Valhalla Cemetery
DATE OF BURIAL: Jan 14 1928

20. UNDERTAKER: Bensiek-Mehaus
ADDRESS: 1138 N 6