AUG 29 1928

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

Do not use this space.

26081

1. PLACE OF DEATH
County Saline
Township
City Marshall (No. , St. Ward)
Registration District No. 796
Primary Registration District No. 3038
File No.
Registered No. 105

2. FULL NAME Lona Agnes Sowash
(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) married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. L. Sowash
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29-1880
7. AGE Years 48 Months 1 Days 6 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Greenville
(STATE OR COUNTRY) Tenn.

PARENTS
10. NAME OF FATHER Joseph White
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Catherine
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn.

14. INFORMANT J. L. Sowash
(Address) Marshall Mo.

15. FILED 7-21, 1928 Mrs. John H. McGuire
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1928
17. I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to July 5, 1928 that I last saw her alive on July 5th, 1928, and that death occurred, on the date stated above, at 6 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mel.
57
59
220
(duration) ? yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Mitral insufficiency
(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. C. Peterson, M.D.
7/6/, 1928 (Address) Marshall 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 Longwood Cem
DATE OF BURIAL July 7 1928
20. UNDERTAKER R. W. Campbell
ADDRESS Marshall

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD