

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

Do not use this space.

37176

1. PLACE OF DEATH

County Jackson
Township Kanawha
City Kanawha City

Registration District No. 399
Primary Registration District No. 1002

File No. 1000
Registered No. 1000
St. _____ Ward _____

2. FULL NAME

Nellie F Owen

(a) Residence. No. Paradise mo St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4.9

8. OCCUPATION OF DECEASED
(-) Trade, profession, or particular kind of work Housewife
(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) Jackson

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN); (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN); (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) J.A. McComas Smithville, Mo

15. FILED 11/30, 19 28 M. McComas asw REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-30 1928

17. I HEREBY CERTIFY That I attended deceased from November 20, 1928, to November 30, 1928 that I last saw her alive on November 30, 1928, and that death occurred, on the date stated above, at 8:09 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Generalized peritonitis
about 11803 (duration) yrs. mos. 3 ds.
CONTRIBUTORY Intestinal obstruction (SECONDARY) about (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, at home

19. DID AN OPERATION PRECEDE DEATH? no DATE OF no

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? phys. exam
(Signed) Roy H. Stevens, M.D., 910 Park Bldg., Trinity Lutheran Hospital, No. 30, 1928 (Address)

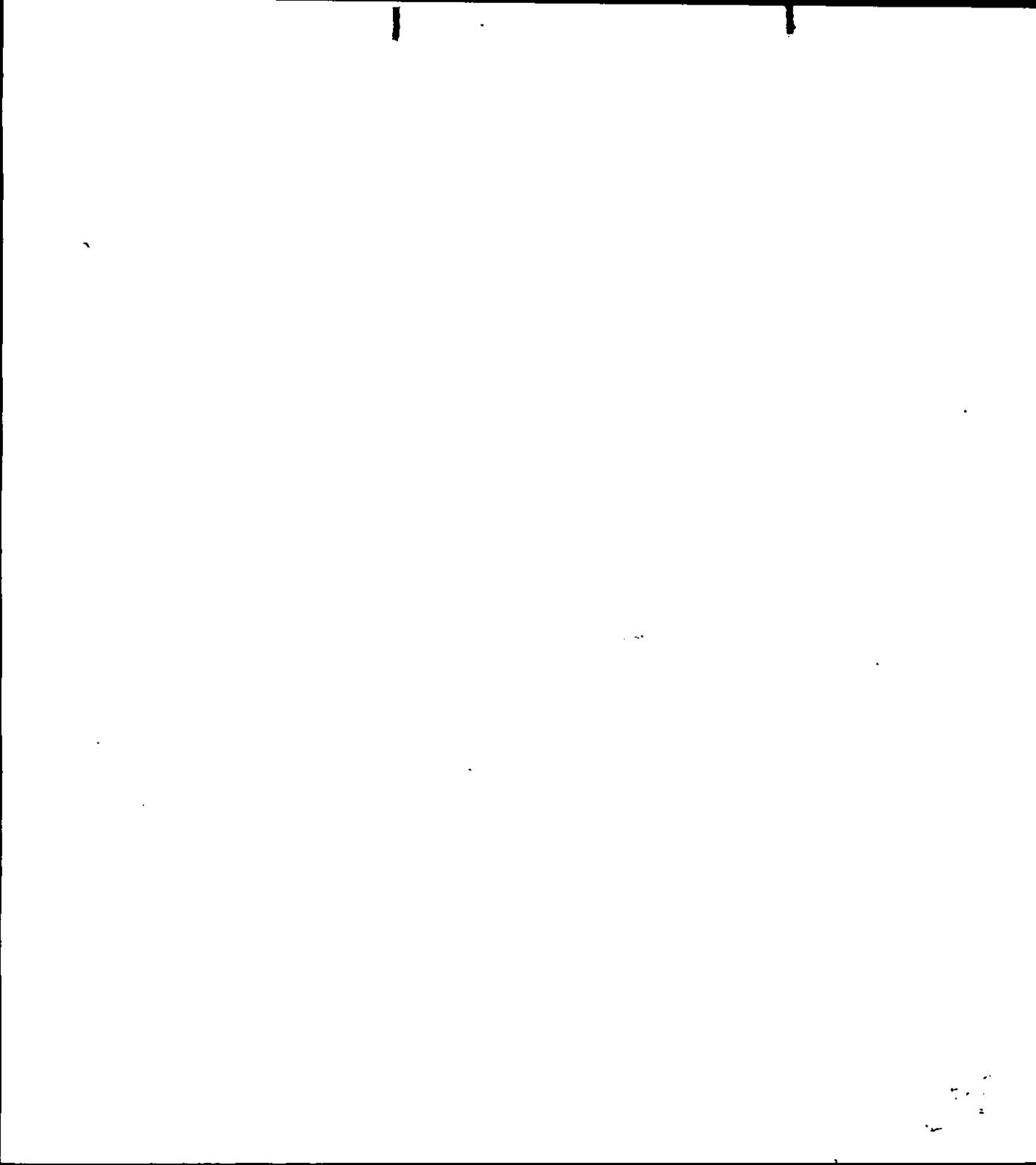
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Paradise Mo DATE OF BURIAL 12-1 1928

20. UNDERTAKER McComas ADDRESS Smithville

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGH 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.



no surgery did not operate the
Cancer was he allowed an
autopsy so invariable to
say just what the obstruction
was or what the cause of
same was

M. M. Brown

(B261)
4/1/18