

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

Do not use this space.

6492

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Townships Kass Primary Registration District No. 1002  
 City Kennett City (No. 300 Benton Boulevard St. 1 Ward) Registered No. 553

2. FULL NAME Mrs. Berrie M. Owen  
 (a) Residence. No. 424 W. 67th St. 1 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 9, 1874</u>				
7. AGE	YEARS <u>54</u>	MONTHS <u>10</u>	DAYS <u>28</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>at Home</u> (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) <u>Ohio</u>				
PARENTS	10. NAME OF FATHER <u>Scott Johnson</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
	12. MAIDEN NAME OF MOTHER <u>Don't know</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
14. INFORMANT <u>Mrs. James P. Wolfe</u> (Address) <u>424 W. 67th Kansas</u>				
15. FILED <u>2-1-29</u> M. M. Cross REGISTRAR <u>East</u>				

**MEDICAL CERTIFICATE OF DEATH**

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7, 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1928, to Feb 7, 1929, that I last saw h. or alive on Feb 7, 1929, and that death occurred, on the date stated above, at 3:15 P.M. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Cerebral Hemorrhage  
37. A  
97  
11:30 Minute (duration) yrs. mos. ds.  
 CONTRIBUTORY Senile Arteriosclerosis (SECONDARY) (duration) 5 yrs. mos. ds.  
 18. WHERE WAS DISEASE CONTRACTED 7424  
 IF NOT AT PLACE OF DEATH.  
 DID AN OPERATION PRECEDE DEATH? no. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS Physical finding  
 (Signed) J. H. Kephau, M. D.  
8, 1929 (Address) 1112 Edmonson

\*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 <u>W. Verron, Ohio</u>	DATE OF BURIAL <u>2/8/1929</u>
UNDERTAKER <u>Freeman Marney</u>	ADDRESS <u>42nd &amp; Baltimore</u>

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

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.

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2  
31  
3

No. 10  
1112 E. Avenue  
12 fl.