SEP 24 1929

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

Do not use this space.

27125

14 3 7

1. PLACE OF DEATH

County Calaway — Registration District No. 104 — File No.

Township — Primary Registration District No. 3008 — Registered No. 160

City Fulton (No. ..... St. ..... Ward)

2. FULL NAME Ethel Owen

(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(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.

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: Cecil Owen

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 31-1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
34		4	1	

8. OCCUPATION OF DECEASED
(a) 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): Williamsburg Mo

PARENTS

10. NAME OF FATHER: Geo Boise
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Calaway Co Mo
12. MAIDEN NAME OF MOTHER: Addie Shaw
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ills

14. INFORMANT (Address): Cecil Owen

15. Aug 2, 1929 R. N. Crews, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 2 1929

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1929, to Aug 2, 1929, that I last saw her alive on Aug 1, 1929, and that death occurred, on the date stated above, at 5:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of uterus
(Had severe hemorrhage before coming to hospital)
D K (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic enterocolitis with much discharge of mucus & fus
(duration) DK yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Came here June 14-29 with above condition

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D C Adams, M. D
, 19 (Address) Fulton 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: DK — DATE OF BURIAL: DK 19

20. UNDERTAKER: Glen Y. Maupin — ADDRESS: Auxvaise Mo

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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