JUN 25 1930

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

Do not use this space. #13

15-882-(M)

1. PLACE OF DEATH
County Greene
Township
City Springfield (No. R # 2 (Box # 11) St. Ward)
Registration District No. 318
Primary Registration District No. 5439
File No. 318
Registered No.

2. FULL NAME Ellen Owens
(a) Residence. No. R # 2 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 Anderson Owens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 18 - 1865

7. AGE: Years 64 | Months 7 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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) Mo.

PARENTS
10. NAME OF FATHER Ambrose Fondren
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Nancy Yeory
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Anderson Owens
(Address) Springfield Mo.

15. FILED 6-16, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1929, to May 15, 1930 that I last saw her alive on May 15, 1930, and that death occurred, on the date stated above, at 1 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
80 VA
77
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) yrs. 9 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? At Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Ambrose E. Potter, M. D.
5/15, 1930 (Address) Springfield 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: Palmetto Cemetery
DATE OF BURIAL: May 16 1930

20. UNDERTAKER: J. W. Klingner & Co. 424 E. Coml
ADDRESS: Springfield 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.