

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

Do not use this space.

18570

**1. PLACE OF DEATH**

County St. Louis  
Township Gravois  
City St. Louis (No. \_\_\_\_\_)

Registration District No. 64  
Primary Registration District No. 5100

File No. \_\_\_\_\_  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Marvel Lee Owen

(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 W A Owen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 25 - 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day, _____ hrs.	or _____ min.
<u>49</u>	<u>2</u>	<u>24</u>			

**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) Warsaw Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER R M Lee

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

12. MAIDEN NAME OF MOTHER Sarah Fuller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Mo

14. INFORMANT Rutha Ball  
(Address) \_\_\_\_\_

15. FILED June 25 30 M. C. Watson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930 to June 19, 1930 that I last saw h. Et alive on June 18, 1930 and that death occurred, on the date stated above, at 4:20 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Multiple Carcinoma  
Primarily in Breast  
(duration) 6 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) 44  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1927

WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Microscopic  
(Signed) James H Logan, M. D.  
(Address) Warsaw 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 St. Margaret's Cemetery DATE OF BURIAL June 20 1930

20. UNDERTAKER J M Ketchum ADDRESS St. Louis 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.

WHILE EMPLOYED WITH CONTRACTING FIRMS THIS IS A PERMANENT RECORD

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