39199-a

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

File No. 39199-a
Registered No. 13

1. PLACE OF DEATH
County Henry Registration District No. 349
Township Springfield Primary Registration District No. 5500
City (No. St. Ward)

2. FULL NAME Bertha May Owsley

(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: F
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: J.M.Owsley
6. DATE OF BIRTH (month, day and year): Jan. 21 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	48	11	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Benton County

PARENTS
10. NAME OF FATHER: Henry Pyle
11. BIRTHPLACE OF FATHER (city or town) (State or country): Ohio
12. MAIDEN NAME OF MOTHER: Cynthia Pyle
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Indiana

14. INFORMANT: J.M.Owsley
(Address) Roseland Mo

15. Filed Mar 19 1931 Mrs. A. A. Gray, Registrar

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (month, day and year): Dec. 21 1930

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1930 to Dec 21, 1930, that I last saw her alive on Dec 19, 1930, and that death occurred, on the date stated above, at 4 P.m.

The CAUSE OF DEATH* was as follows:
Brights Disease
132A
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary Heart Disease
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Hist
(Signed) T. D. Jennings M.D.
Dec 22 1930 (Address) Windsor 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: Mt.Pleasant
DATE OF BURIAL: 12-22-30

20. UNDERTAKER: HUSTON'S FUNERAL CHAPEL
ADDRESS: WINDSOR

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.

APR 23 1931