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

Do not use this space.

39883

JAN 20 1931

1. PLACE OF DEATH

County Johnson — Registration District No. 431 — File No.

Township Warrensburg — Primary Registration District No. 3023 — Registered No.

City Warrensburg (No. ..... St. ..... Ward)

2. FULL NAME Virginai Engel

(a) Residence. No. 320 W South St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H Engel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 5, 1841

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
89	7	20	

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) Unionville Md
(STATE OR COUNTRY) Maryland,

PARENTS

10. NAME OF FATHER Nathan H Owings

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

12. MAIDEN NAME OF MOTHER Cathrine Lindsey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown,

14. INFORMANT Mrs Rose Byram
(Address) Warrensburg, Mo

15. FILED Dec 24, 1930 Mrs R Patterson REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1-1890, ~~19~~, to Dec 22, 1930 that I last saw her alive on Dec 22 1930, and that death occurred, on the date stated above, at 11-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ctr Preliminary Tuberculosis
23 A
83 A
(duration) 40 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
(duration) yrs. mos. 10 ds.

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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
(Signed) L J Schofield M. D.
Dec 24, 1930 (Address) Warrensburg, 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	DATE OF BURIAL
Centerview, Mo	12/26 1930

20. UNDERTAKER	ADDRESS
S. R. Sweeney Warrensburg	

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.