

WRITE CAREFULLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAR 26 1931

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

Do not use this space.

2410

1. PLACE OF DEATH
 County Phelps Registration District No. 674
 Township Newburg Mo Primary Registration District No. 4402
 City Newburg Mo St. _____ Ward _____

2. FULL NAME Cora Alice Towell
 (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.

File No. _____
 Registered No. 1
 St. _____ Ward _____

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~~ PROGRAM or (OR) WIFE OF Isaac Towell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 7 23

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House work
 (b) General nature of industry, business, or establishment in which employed (or employer) 2:5
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN). Phelps Co
 (STATE OR COUNTRY) mo 1

10. NAME OF FATHER Wilson Turner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
 (STATE OR COUNTRY) Do not know

12. MAIDEN NAME OF MOTHER Mary Jane Hudgens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Phelps Co
 (STATE OR COUNTRY) mo 1

14. INFORMANT Mary Lynch
 (Address) Newburg Mo

15. FILED 1/2 1931 B.T. Smith
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1st 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 1929, 19____, to Jan 1, 1931 that I last saw h. m. alive on Jan 1st, 1931, and that death occurred, on the date stated above at 9:0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Metra insufficiency
92A (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 92A (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 _____
 (Signed) B.T. Smith M. D.
1/3 1931 (Address) Newburg 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 Camp Creek cemetery DATE OF BURIAL 1/3 1931
 20. UNDERTAKER Lar Johnson ADDRESS Newburg Mo

