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.

NOV 28 1931

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

Do not use this space.

36639

1. PLACE OF DEATH
County Texas
Township Piney
City Houston
Registration District No.
Primary Registration District No.
File No.
Registered No. 35
(No. , St. Ward)

2. FULL NAME Verdia Henrietta 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. 6 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 W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Walter Owen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
47	6	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec. 1930.
11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston, Mo

FATHER
13. NAME E. H. Wheeler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

MOTHER
15. MAIDEN NAME Mary Watson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Walter Owen Houston Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ozark Cemetery DATE 10-16 1931

19. UNDERTAKER (ADDRESS) Gaylord V. Elliott Houston Mo.

20. FILED 10-14 1931 J. R. Kennedy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14 1931

22. I HEREBY CERTIFY, That I attended deceased from July 30 1931, to Oct 14 1931
I last saw her alive on On Oct 14, 1931 Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
82A

Date of onset Oct. 13-31

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. Thumisher M. D.
(Address) Houston Mo.