

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

Do not use this space.

11914

1. PLACE OF DEATH

20 County Cedar
Township Burling
City Spring Spgs Mo (No.)

Registration District No. 164
Primary Registration District No. 5229

File No. 113
Registered No.
St. Ward)

2. FULL NAME

Julida Ann Owens
(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) Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.H. Owens.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 10-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 5 17

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) Notusie
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER M.S. Ball

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

12. MAIDEN NAME OF MOTHER Deborah Mathorn

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

14. INFORMANT William Owens
(Address) Spring Spgs Mo

15. FILED 5-5-32 B.M. Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27 1932

17. I HEREBY CERTIFY, That I attended deceased from April 17, 1932, to 4-27, 1932 that I last saw her alive on April 27, 1932, and that death occurred, on the date stated above, at 7 o'clock P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis with dilatation
93D
97 93AD
(duration) yrs. mos. ds.

CONTRIBUTORY arterio-sclerosis
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. (3)

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H.L. Swanson, M.D.

, 19 (Address) Spring Spgs 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 Hall Cemetery DATE OF BURIAL 4/28 1932

20. UNDERTAKER Mitchell H. Davis ADDRESS Spring Spgs

WRITE PLAINLY, 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.

MAY 23 1932

