

59

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

Do not use this space.

26903

1. PLACE OF DEATH

55

County Lamar
Township Turnpach
City (No.)

Registration District No. 470
Primary Registration District No. 470
(No.) 1640

File No.
Registered No. 59
St. Ward)

2. FULL NAME

Etta Owens

(a) Residence, No. W. Vernon R#1 St. 721 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 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 W. H. Owens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 53 7 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeper
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)
11. Total time (years) spent in this occupation

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

13. NAME Joe Ross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Hancy Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) W. H. Owens

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Vernon DATE Aug 17 1933

19. UNDERTAKER (ADDRESS) W. J. Wallis

20. FILED Aug. 17 1933 P. A. Holmes Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1932, to Aug 15 1933
I last saw her alive on Aug 15 1933. Death is said to have occurred on the date stated above, at 8:30 pm.
The principal cause of death and related causes of importance were as follows:

acute peritonitis
acute gastritis
acute appendicitis
and obstruction
Date of onset Aug 10

Other contributory causes of importance: acute gastritis
acute appendicitis
and obstruction
Name of operation: Date of:
What test confirmed diagnosis? chest Was there an autopsy? no

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? no
If so, specify:
(Signed) P. A. Holmes, M. D.
(Address) W. Vernon

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. SEP 26 1933

