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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 39[illegible] — File No. 4809
Township Kaw — Primary Registration District No. [illegible] — Registered No. 519
City Kansas City (No. 512 Gladstone Blvd. St. Ward)

2. FULL NAME Mrs. Mary E. Owen
(a) Residence, No. 521 Gladstone Blvd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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: 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 ----------

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1844

7. AGE: YEARS 89 — MONTHS 3 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Indiana

FATHER
13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Mrs. Marie F. Gill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE 2/3/34, 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary, Kansas City, Mo

20. FILED 2/2, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/2/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1933, to Feb 2, 1934
I last saw her alive on Feb 1, 1934. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 12.20.33

Other contributory causes of importance:
Chronic Myocarditis
Diabetes Mellitus

Name of operation None — Date of
What test confirmed diagnosis? Physical — Laboratory — 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? No
If so, specify
(Signed) J. V. Dell M. D.
(Address) 1122 Professional Bldg. KC Mo

Dr. J. V. Reed
1 to 4
Pass. Bldg.

NOV 28 1949