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

Do not use this space.

File No. 9319

Registered No.

1. PLACE OF DEATH

County: Jasper

Township: Marion

City: Carthage (No. ..... St. ..... Ward)

Registration District No. 408

Primary Registration District No. 3020

2. FULL NAME: Allie Lee Owen

(a) Residence, No. 214 N. Main St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 21 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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: H. D. Owen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 4, 1888

7. AGE: Years 45 | Months 11 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

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):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nevada, Missouri

FATHER

13. NAME: David Mosley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lexington, Kentucky

MOTHER

15. MAIDEN NAME: Amanda Tannar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky

17. INFORMANT: H. D. Owen
(ADDRESS) 214 N. Main - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Park Cemetery DATE: Mar. 21, 1934

19. UNDERTAKER: Snell Mortuary
(ADDRESS) Carthage, Missouri

20. FILED: Mar. 22, 1934 S. R. Clinton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 2, 19..., to March 3, 19..., 19..., I last saw him alive on March 2, 19..., Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Flu	
Acute Gastritis	
Pneumonia	

Other contributory causes of importance:

Name of operation? None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 13, 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Drug Establishment

Manner of injury: Drug Store

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. R. Price M. D.

(Address) S. R. Price

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.