

**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. 2070 1/2 Park  
 Township New Primary Registration District No. 2070 1/2 Park  
 City Kansas City (No. 2070 1/2 Park)

File No. 24392  
 Registered No. 2070 1/2 Park  
 St. 2070 1/2 Park Ward

**2. FULL NAME**

Fannie Owens

(a) Residence, No. 2010 1/2 Park St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 4 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**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED: MARRIED TO (OR) WIFE OF William Owens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/25/85

7. AGE YEARS 48 MONTHS 11 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Shashville, Tenn.

13. NAME Robert Hugh

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

15. MAIDEN NAME Laura Ross

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

17. INFORMANT (ADDRESS) F. J. Hays

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 7/5/34

19. UNDERTAKER (ADDRESS) McKinnis Bros.

20. FILED July 5, 1934 347th St. Brown Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/1, 1934

22. I HEREBY CERTIFY, that I attended deceased from Jan. 6, 1934, to July 1, 1934

I last saw him alive on 7/1, 1934. Death is said to have occurred on the date stated above, at 12:15 p.m.

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

Other contributory causes of importance:  
W.S.

Name of operation Laboratory Date of \_\_\_\_\_

What test confirmed diagnosis \_\_\_\_\_ 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) M. J. Johnson, M. D.

(Address) 6700 E-18th St.

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.

AUG 2 - 1934

WHILE EXHIBIT; WITH UNFADING IMPRESSIONS IS A PERMANENT RECORD

