16-153

SEP 20 1934

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

Do not use this space.

29221

File No. 6 DEN

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kansas — Primary Registration District No. 1007

City Kansas City Mo. No. 727 Highland St. Ward)

2. FULL NAME Matilda Owen

(a) Residence, No. 727 Highland 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: Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-24-1860

7. AGE: Years 74 — Months 1 — Days 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Jefferson City, Mo

FATHER

13. NAME Wm Wear

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo

MOTHER

15. MAIDEN NAME Matilda Wade

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

17. INFORMANT Cora Williams
(ADDRESS) 727 Highland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE 8/8, 1934

19. UNDERTAKER D. V. MAST FUNERAL HOME, Inc.
(ADDRESS) 3146 Main St

20. FILED 8-6, 1934 Mon Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6-, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1934 to Aug. 6, 1934

I last saw h alive on Aug. 5, 1934 Death is said to have occurred on the date stated above, at 5a m.

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

Cortica Rupture

Date of onset

Other contributory causes of importance: Gall stones for Past 20 yr

Name of operation Typhoid 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) H. E. Estes, M. D.

(Address) 323 Lathrop Bldg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Elston Geo B. Lachrop Bldg 1005 Grand

Office Vi 4478

Res Bur 0972

Hours 2 to 4 P.M.