

Dr. Mc Callie

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

Do not use this space.

6105

MAR 27 1935

1. PLACE OF DEATH

County Miss
Township
City East Prairie, Mo.

Registration District No. 564
Primary Registration District No. 4334

File No.
Registered No. 14
St. Ward

2. FULL NAME

(a) Residence No. Jane Owens 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Owens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 14

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penton Co. Tenn.

13. NAME Tom Brasley

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. J. W. Pearson
East Prairie, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dogwood DATE 7/18 1935

19. UNDERTAKER (ADDRESS) Travis N. Shelly
East Prairie Mo

20. FILED 2-17 1935 Clifford Hodges
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/17 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-15- 1935, to 2-17- 1935
I last saw her alive on 2-15- 10, 1935. Death is said to have occurred on the date stated above, at 12 P. m.

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

Hemorrhage, cerebral Date of onset 1-15-35

Other contributory causes of importance:

Hypertension arterio-sclerosis Myo-carditis

Name of operation Date of

What test confirmed diagnosis? W. P. Was there an autopsy? Yes

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?

If so, specify

(Signed) B. J. Brasley, M. D.

(Address) Poplar Bluff Mo

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.

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B.F.

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