

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

Do not use this space.

MAY 31 1935

1. PLACE OF DEATH

County Meruer
Township Harrison
City..... (No.....,St.Ward)

Registration District No. 558
Primary Registration District No. 5749

File No. 13608
Registered No. 17

2. FULL NAME Minda M Owens

(a) Residence, No.....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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 - 1886

7. AGE YEARS MONTHS Days If LESS than 1 day,hrs. ormin.
48 9 6

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) mo

MOTHER FATHER
13. NAME John L. Allen

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

15. MAIDEN NAME Eberhart

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

17. INFORMANT J. A. Owens (ADDRESS) Uniontown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Gasheon DATE April 17, 1935

19. UNDERTAKER Noel Moss (ADDRESS) Uniontown Mo

20. FILED 4/16 1935 Register Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 7, 1935, to Apr 15, 1935
I last saw him alive on Apr 15, 1935. Death is said to have occurred on the date stated above, at 8:45 P.M.
The principal cause of death and related causes of importance were as follows:

Cancer lungs + metastatic from removed heart. Date of onset 1/10-24

Other contributory causes of importance:
Cancer heart left 1/1-29

Name of operation Cancer resect of heart Date of 1/28-30
What test confirmed diagnosis? Phys 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?..... (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. W. Berry M. D.
Uniontown Mo (Address)

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.

