JUN 19 1935

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

Do not use this space.

15866

1. PLACE OF DEATH
County Chariton
Township Grove
City Hamden (No. , St. Ward)

Registration District No. 175
Primary Registration District No. 5247

File No.
Registered No. 24

2. FULL NAME Mrs. Julia 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: 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~~: Hiram Owens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-23-1860

7. AGE: Years 74 | Months 8 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION
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

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

FATHER
13. NAME: A. J. McCurry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER
15. MAIDEN NAME: Hester McIntosh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York.

17. INFORMANT (ADDRESS): Hiram Owens, Hamden, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: McCurry Cemetery DATE: May 12, 1935

19. UNDERTAKER (ADDRESS): Winkelmeyer Bros Salisbury Mo.

20. FILED: 6-6, 1935 Geo. F. Lauffman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1932, to May 10, 1935
I last saw her alive on May 6, 1935. Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Chronic	?
Coronary Thrombosis	5-5-35

Other contributory causes of importance: None

Name of operation: None Date of
What test confirmed diagnosis? Autopsy 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) L. L. Hamm, M. D.
(Address) Salisbury 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.

1
2
2