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

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.

NOV 21 1935

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

Do not use this space.

32298

1. PLACE OF DEATH
County: DeKalb — Registration District No. 260 — File No.
Township: Grandriver — Primary Registration District No. 5363 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Cornelia Hattie Owen,
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John H. Owen,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 9, 1850
7. AGE: 85 YEARS — MONTHS: 1 — DAYS: 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping.
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): Alamance Co. N. Car.
FATHER
13. NAME: Emsley Whitsell.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alamance Co. N. Car.
MOTHER
15. MAIDEN NAME: Maria May,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alamance Co. N. Car.
17. INFORMANT (ADDRESS): Goodlow Owen, Cameron, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wamsley Cem. DATE: Oct 21 1935
19. UNDERTAKER (ADDRESS): F. G. Lyon, Stewartsville Mo.
20. FILED: Oct. 21, 1935 Mary S. McMahill, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 20th, 1935
22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1935, to Oct 19, 1935
I last saw her alive on Oct 16, 1935. Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Not known
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Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Urinary test 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) A. O. Gilliland, M. D.
(Address) Cameron, Mo.