FEB 18 1936

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

Do not use this space.

796

1. PLACE OF DEATH Dunklin
County Dunklin
Registration District No. 284
File No.
Township
Primary Registration District No. 5404B
Registered No.
City Holcomb (No. , St. Ward)

2. FULL NAME Marine Marie 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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23. 1935
7. AGE YEARS MONTHS 1 DAYS 29 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) Holcomb Mo R1 Pemiscot

FATHER
13. NAME Nolan Owens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Marie Kelems
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co. Mo.

17. INFORMANT (ADDRESS) Nolan Owens Holcomb Mo. R1.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sumach DATE , 19
19. UNDERTAKER (ADDRESS) J. C. Fox Holcomb Mo.
20. FILED Feb 18 1936 J. C. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 , 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1935, to Jan 21 1935
I last saw her alive on Jan 21 1935 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia — Date of onset unknown
Other contributory causes of importance:
Acute Rheumatism
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
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) John E. Cohen , M. D.
(Address) Holcomb Mo.

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.

100M-11-24-33