

DEC 3 1936

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

Do not use this space.

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1. PLACE OF DEATH

County Newton
Township Granby
City Newton (No. 15816)

Registration District No. 614
Primary Registration District No. 4-5-5

File No. 28
Registered No. 28
St. Newton Ward 1

2. FULL NAME

(a) Residence, No. Sawannah Owens St. Newton Ward 1
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Owens</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 7</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>1</u>
	DAYS <u>1</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Neosho Mo</u>		
MOTHER	13. NAME <u>John B Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Mary Rochelle</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ixxat -</u>	
17. INFORMANT <u>Henry Owens</u> (ADDRESS) <u>Salina Kas</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Neosho Mo</u> DATE <u>10-14-36</u>		
19. UNDERTAKER (ADDRESS) <u>Berhamis Neosho Mo</u>		
20. FILED <u>19</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct 12, 1936</u>
22. I HEREBY CERTIFY, That I attended deceased from, 19....., to 19..... I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at <u>1:30 p</u> m. The principal cause of death and related causes of importance were as follows: <u>Probable Cerebral Hemorrhage =</u> Date of onset
Other contributory causes of importance: <u>Exhaustion and shock</u>
Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy?.....
23. If death was due to external cause (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) <u>Abbley Beahm</u> M.D. (Address) <u>Neosho Mo</u>

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.

