

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

Do not use this space.

JUN 18 1937

19930

1. PLACE OF DEATH
 County Dunklin Registration District No. 287
 Township Clay Primary Registration District No. 5405
 City _____ (No. _____) St. _____ Ward _____
 2. FULL NAME Mary Allie 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 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 D. W. Owens
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 1872
 7. AGE YEARS 65 MONTHS 2 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. House Work
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green County, Ark
 MOTHER 13. NAME John Rowe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know
 15. MAIDEN NAME Sarah Bray
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know
 17. INFORMANT D. W. Owens
 (ADDRESS) Smith Mo A-1
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cade County DATE April 12 1937
 19. UNDERTAKER M. C. Quinn Physical Service
 (ADDRESS) Smith Mo
 20. FILED 6/10 1937 E. G. Cope
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1937
 I HEREBY CERTIFY, That I attended deceased from March 1 - 1937 to April 20, 1937
 I last saw h. w. alive on April 20 1937 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:
Pulmonary tuberculosis Date of onset 1935
 Other contributory causes of importance: Influenza
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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
 (so, specify _____)
 (Signed) Van H. Bond, M. D.
 (Address) Hornersville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Bond

100-1000