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.

DEC 16 1937

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

Do not use this space.

File No. 41132

Registered No. 80

Registration District No. 266

Primary Registration District No. 4164

1. PLACE OF DEATH

County: Dent

Township:

City: Salem (No. ..., ... St. ..... Ward)

2. FULL NAME Sadie Belle Owen

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charley Ownes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 28/1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	10	24	

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. Housekeeper

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) Dent Co. Missouri

FATHER

13. NAME Willis A Stephens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cullpepper Va.

MOTHER

15. MAIDEN NAME Mary Emily Boyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Mines Mo.

17. INFORMANT (ADDRESS) Oscar Owen Salem Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Grove DATE 11/24/37, 19

19. UNDERTAKER (ADDRESS) Carl K. Spencer Salem Mo.

20. FILED Nov 23, 1937 T. E. Butler M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/22/37, 19

22. I HEREBY CERTIFY, That I attended deceased from September 25, 1937, to November 22, 1937

I last saw her alive on November 22, 1937. Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	10-9-37
Uremia	11-20-37

B1

Other contributory causes of importance:

Acute tonsillitis	9-20-37

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Findings Were 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) T. E. Butler, M. D.

(Address) Salem, Missouri