

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

Do not use this space.

**1. PLACE OF DEATH**

County Cass  
 Township Pleasant Hill  
 City Pleasant Hill, Mo. (No. \_\_\_\_\_)

Registration District No. 157  
 Primary Registration District No. 4091

File No. 6401  
 Registered No. 18  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Elizabeth Mabel Owens 520

(a) Residence, No. Pleasant Hill, Mo. Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 34 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>Frank Owens</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4, 1907</u>		
7. AGE	YEARS	MONTHS
		<u>11</u>
		<u>18</u>
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) <u>2/21/38</u>		
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) 2/21/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mount Sterling Illinois

13. NAME Samuel Terrell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Edith Mabel Hiles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Samuel Terrell  
(ADDRESS) Pleasant Hill, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE P. H. Cemetery DATE 2/14/38 19

19. UNDERTAKER A. W. Brownfield  
(ADDRESS)

20. FILED 2-24- 1938 Mrs. Etha M. Aldridge  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27 1938

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to Feb. 22, 1938

I last saw her alive on 2-22, 1938 Death is said

to have occurred on the date stated above, at 9 P. M.

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

emotional psychosis.

Other contributory causes of importance: 84-

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) A. C. Ballum, M. D.

(Address) Pleasant Hill

87B

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

6401  
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. ....  
 (c) City ..... (d) Street No. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Elizabeth M. Owens  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30 11 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... to .....

I last saw h. .... alive on ....., 19.... Death is said to have occurred on the date stated above, at .....

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

Emotional Pyrexia  
Immediate cause  
Death  
Over dosing  
 Other contributory causes of importance:  
Sodium Amytal

Date of onset

N.M.D. git  
 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) W. H. Baldwin, M. D.  
 (Address) Pleasant Hill mo.

SUPPLEMENTARY

6401