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.

REC'D APR 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 10145
Township — Primary Registration District No. 1001 — Registered No. 283
City St Joseph (No. 1513 Savannah ave St. Ward)

2. FULL NAME abbie Owens 520
(a) Residence, No. 1513 Savannah St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 24 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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruben Owens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 1873
7. AGE YEARS 65 MONTHS 2 DAYS 2 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) Feb 38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lathrop Mo

FATHER
13. NAME Geo Totman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Marie Whittington 1513 Savannah ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Flower Mo DATE Mch 9 1938
19. UNDERTAKER (ADDRESS) Berry - Wyle 218 Sol O
20. FILED Mar. 8 1938 H J Nestlebush By J C Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 6 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1938, to March 16, 1938
I last saw her alive on March 6, 1938. Death is said to have occurred on the date stated above, at 11:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis of Nervous System From History	2 yrs
34	
Other contributory causes of importance: General Edema	7 days

Name of operation ✓ Date of ✓
What test confirmed diagnosis Clinical Was there 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) Charles H Werner M. D.
(Address) 221 Kirkpatrick Bldg St Joseph Mo