

REC'D JUN 8 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County FranklinTownship CentralCity MoselleRegistration District No. 291Primary Registration District No. 2175File No. 18191

Registered No. _____

St. _____ Ward _____

2. FULL NAME Cora Lee Owen500

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

John T. Owen

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

Feb. 25, 1869

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, _____ hrs.

or _____ min.

6935

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Housewife9. 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) South Carolina

FATHER

13. NAME W. W. Clayton

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) South Carolina

MOTHER

15. MAIDEN NAME Martha McCoy

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) South Carolina17. INFORMANT Jessie Broyles(ADDRESS) Moselle, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fisher Cemetery DATE June 1, 193819. UNDERTAKER Wm. Casey & Co.(ADDRESS) St. Clair, Mo.

20. FILED

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Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30- 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 10 - 1937, to 11-30-38I last saw him alive on July 10, 1938 Death is saidto have occurred on the date stated above, at 10:30 a. m.

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

Date of onset

Coronary Embolism

Other contributory causes of importance:

aortic stenosis and
arteriosclerosis.

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 _____

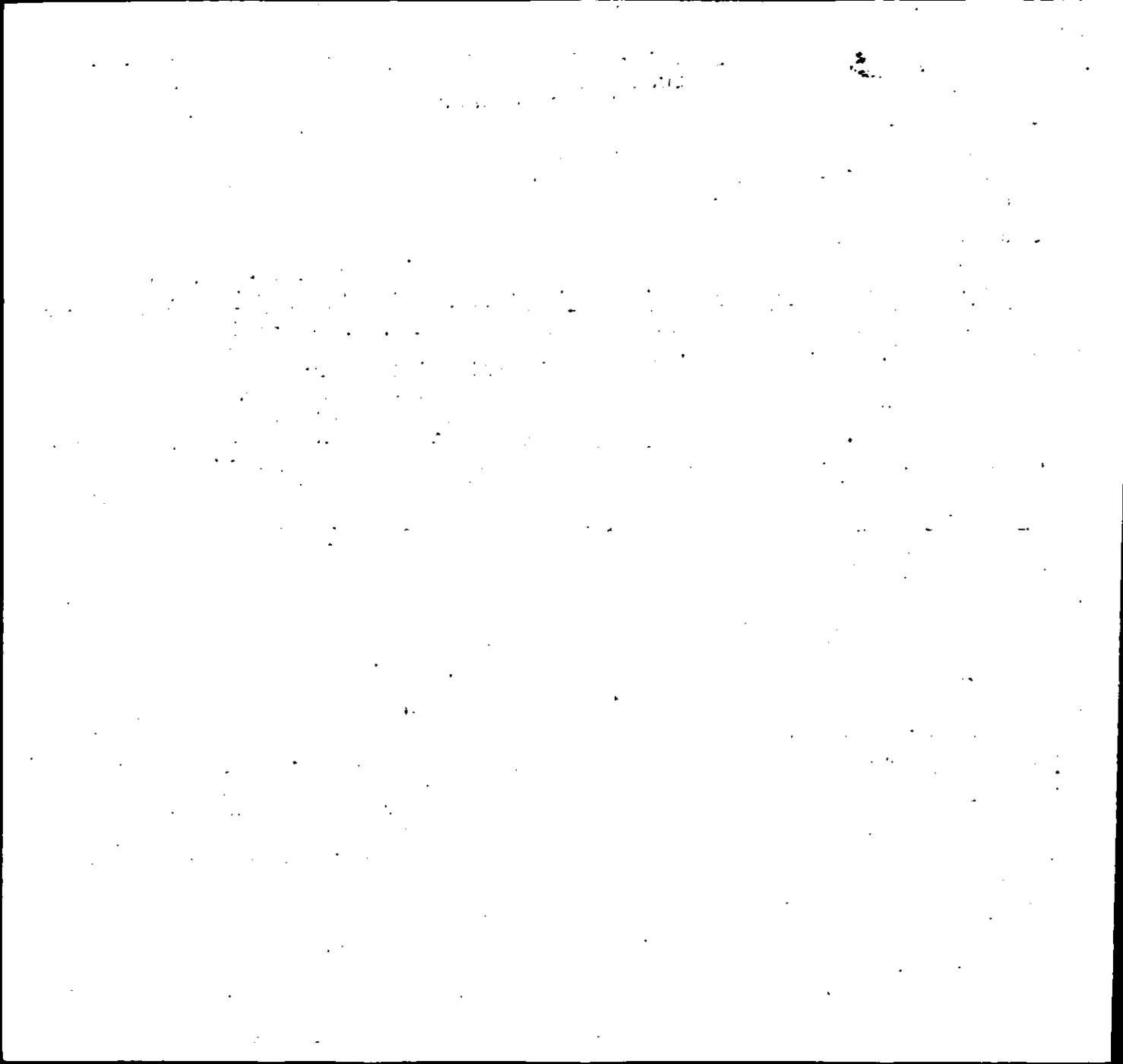
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) W. E. Kibell, M. D.(Address) St. Clair

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

18191
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 291
 (b) Township _____ Primary Registration District No. 4175 Registered No. _____
 (c) City Moselle (d) Street No. _____ St. _____
 (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

Cora Lee Owen
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John T. Owens
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1869
 7. AGE YEARS 69 MONTHS 3 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) South Carolina
 FATHER 13. NAME W. W. Clayton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina
 MOTHER 15. MAIDEN NAME Martha McCoy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina
 17. INFORMANT (ADDRESS) Jessie Broyles Moselle mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fisher Cem. DATE June 1 1938
 19. FUNERAL DIRECTOR (ADDRESS) Wm Casey & Co St Clair mo
 20. FILED June 1 1938 Laura Woody Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 30 1938
 22. I HEREBY CERTIFY, That I attended deceased from July 10 1938 to 2 - 30 1938
 I last saw him alive on May 10 1938. Death is said to have occurred on the date stated above, at 10:30 A.M.
 The principal cause of death and related causes of importance were as follows:
coronary embolism Date of onset _____
 Other contributory causes of importance: arteriosclerosis and arterio sclerosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical 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. E. Ketchall M. D.
 (Address) St Clair mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-18191

1938