

Sep. 11
24 183 a

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

Do not use this space.

24 183 a

1. PLACE OF DEATH

County Benton Registration District No. 60
Township West White Primary Registration District No. 5095
City (No. St. Ward)

2. FULL NAME

Minnie Ellis Owen

(a) Residence, No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm S. Owen		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7 1858		
7. AGE	YEARS 72	MONTHS 10
	DAYS 24	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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio		
FATHER	13. NAME A.M. Ellis	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio	
MOTHER	15. MAIDEN NAME Mary Wilson	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio	
17. INFORMANT (ADDRESS) Harry Ellis Windsor, Missouri		
18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE 8-2-31 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) Hustons Funeral Chapel Windsor Missouri		
20. FILED <u>Sep. 11th</u> 19 <u>31</u> Mrs. Amy K. Rhodes Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 31-31** 1931

22. I HEREBY CERTIFY, That I attended deceased from March 4 1931, to July 31 1931.
I last saw her alive on July 26th 1931. Death is said to have occurred on the date stated above, at 11:00 P.M.
The principal cause of death and related causes of importance were as follows:
Cancer of uterus
Date of onset

48

Other contributory causes of importance:
48

Name of operation _____ Date of _____
What test confirmed diagnosis? Biopsy 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) **J.A. Blackmore** M. D.
(Address) **Windsor, Mo.**

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.

OCT 22 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT

