

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

Do not use this space.

22607

1. PLACE OF DEATH
42 County Llano Registration District No. 347
Township White Oak Primary Registration District No. 5495-
City Urish (No. _____) St. _____ Ward _____

2. FULL NAME Emmie Alpharetta ~~Shannon~~ Owens
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 76 yrs. 2 mos. 10 ds.
(If nonresident, give city or town and State)

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 Thomas M. Owens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6th 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>76</u>	<u>2</u>	<u>10</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jan Klausekeeping

10. Date deceased last worked at this occupation (month and year) July 6th 1932 11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New-Ark Ohio

13. NAME James Shannon

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

15. MAIDEN NAME Lucy J. Jarrett

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

17. INFORMANT (ADDRESS) Mrs Ada Ray Butler Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Urish Cemetery DATE July 17th 1932

19. UNDERTAKER (ADDRESS) H. P. Smith Urish Mo

20. FILED Ed E. Taylor L.A.A. Union Mo
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5th 1932, to July 16th 1932
I last saw him alive on July 16th 1932. Death is said to have occurred on the date stated above, at 13⁰⁰ m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Senility (D)

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? Physical 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? _____
If so, specify _____
(Signed) J. P. McDonald, M. D.
(Address) Urish, 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.

AUG 24 1932

