

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.

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

Do not use this space.

**JAN 16 1935**

**42714**

1. PLACE OF DEATH  
 County Henry Registration District No. 14  
 Township X Primary Registration District No. 4211  
 City Windsor (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs Mary Amma Owens  
 (a) Residence, No. 421 E. Washington Ward. \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>L.A. Owens</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Feb. 11-1880</b>		
7. AGE <b>54</b>	YEARS	MONTHS
	<b>9</b>	<b>25</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housewife</b>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Wright County, Mo.</b>		
13. NAME <b>Newt. Hull</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Virginia</b>		
15. MAIDEN NAME <b>Bennatte Stallwell</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>		
17. INFORMANT <b>Mr. L.A. Owens</b> (ADDRESS) <b>Windsor, Missouri</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calhoun, Mo.</b> DATE <b>Dec. 8-34</b>		
19. UNDERTAKER <b>Huston-Turner Mortuary</b> (ADDRESS) <b>Windsor, Missouri</b>		
20. FILED <b>Dec 7 1934</b> <i>[Signature]</i> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 6-34**, 19**34**

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1934 to Dec 6, 1934  
 I last saw her alive on Dec 5, 1934. Death is said to have occurred on the date stated above, at 6:15 am  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of the left breast  
50  
 Other contributory causes of importance:  
Amputation of the left breast  
Dec 6-1933

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature] M. D.  
 (Address) [Signature]

OCCUPATION  
FATHER  
MOTHER

1950

UNITED STATES DEPARTMENT OF AGRICULTURE  
WASHINGTON, D. C.

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