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

Do not use this space.

36224

1. PLACE OF DEATH

County: Carroll — Registration District No.: 135 — File No.:

Township: — Primary Registration District No.: 3010 — Registered No.: 121

City: Carrollton (No. ..... St. ..... Ward)

2. FULL NAME Sarah M. Owells

(a) Residence. No. 516 A. Ely St., 3 Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-26-1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	4	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Elkhorn (STATE OR COUNTRY) Wis.

PARENTS

10. NAME OF FATHER Daniel Handy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Maria Beals

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York

14. INFORMANT Miss Willa Owells (Address) Carrollton, Mo.

15. FILED 12-31, 1927 Mrs. E. E. Farnham, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-29 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec. 5th, 1927, to Dec. 29th, 1927, that I last saw h. alive on Dec. 29th, 1927, and that death occurred, on the date stated above, at 7 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholecystitis (chronic) 12 Hr
Jaundice 12 Hr
Pain B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cholecystitis acute infectious

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chas. S. Austin, M. D.

12-31, 1927 (Address) Carrollton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Oakhill Cem.	12-31 1927
20. UNDERTAKER	ADDRESS
Willis Brown	Carrollton

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.