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

Do not use this space. 2485

1. PLACE OF DEATH
County Marion — Registration District No. 552 — File No. 2
Township Warren — Primary Registration District No. 5745 — Registered No.
City — (No. ... St. ... Ward)

2. FULL NAME Lora Mae Wickersham Owen
(a) Residence. No. ... St., ... Ward. ... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. X mos. X ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Ray F. Owen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31st 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
34	5	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 149 E
(b) General nature of industry, business, or establishment in which employed (or employer) — 108
(c) Name of employer 95 B

9. BIRTHPLACE (CITY OR TOWN) Fayette
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER George E. Wickersham
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Callaway Co Missouri
12. MAIDEN NAME OF MOTHER Laura Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Howard Co Mo.

14. INFORMANT Laura Pougne
(Address) Oakwood Mo.

15. FILED Jan 25th 1929 Rosa E Wagner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany-20th 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 23rd 1928, to Jan 20th 1929 that I last saw her alive on Jan 19th 1929, and that death occurred, on the date stated above, at 4.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilitation of Heart

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Childbirth & Double Pneumonia (duration) ... yrs. 1 mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. A. Deplaine, M. D
1/20, 1929 (Address) Monroe City, 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: Bethelham Cemetary — DATE OF BURIAL: Jan-21 1929

20. UNDERTAKER: Wilson & Son — ADDRESS: Monroe City 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.