

SEP 16 1938

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

Do not use this space.

28179

1. PLACE OF DEATH

County Adair
Township Walnut
City (No.) St. Ward

Registration District No. 1067
Primary Registration District No. 5009

File No.
Registered No. 150

2. FULL NAME

Lucinda Owenby

(a) Residence, No. Yellow R.F.D. St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
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 <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Aubrey Owenby</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 21-1870</u>				
7. AGE	YEARS <u>68</u>	MONTHS <u>5</u>	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm Home</u>	11. Total time (years) spent in this occupation. <u>Life</u>
	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) <u>1938</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co Missouri

MOTHER

13. NAME Daniel Pratt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Roseanna Still

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

17. INFORMANT Aubrey Owenby
(ADDRESS) Yellow, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Temple DATE 8-27-38

19. UNDERTAKER Dee Riley Funeral Home
(ADDRESS) Richsville Mo

20. FILED Aug 26 1938 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-25-1938

22. I HEREBY CERTIFY, That I attended deceased from June 22^d, 1938, to Aug. 25th, 1938
last saw him alive on Aug 25, 1938. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Cardio Vascular
Renal Disease
(Renal Disease)
(Chronic myocarditis, arteriosclerosis
& chronic nephritis)

Date of onset
6 years

Other contributory causes of importance:
BI

Name of operation None Date of
What test confirmed diagnosis? Clinical & Lab 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 Stroke

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Geo. F. Sussel M. D.
(Address) Richsville 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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-57

Date Filed 9/14/38