

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.

#43.

USE'D OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jasper  
Township Muscat  
City (No. )

Registration District No. 41343  
Primary Registration District No. 4245

File No. 32504  
Registered No. 52  
St. Ward

2. FULL NAME

(a) Residence, No. Mrs Flossie Owings 5710 Ward.

(Usual place of abode) Carthage Mo St. (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 Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Claude E. Owings  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-16-1891  
7. AGE YEARS 47 MONTHS 1 DAYS 7 If LESS than 1 day, hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Mo

13. NAME C M Carmichael

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

15. MAIDEN NAME Helen Gibbs

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

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage DATE 9/23/38

19. UNDERTAKER (ADDRESS) Walter W. W. W.

20. FILED 10-1-1938 Harry A. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1932 to Sep 23 1938

I last saw him alive on Sep 23 1938. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
Disseminated

Other contributory causes of importance: None

Name of operation Excision of Tumor Date of 9/23/38

What test confirmed diagnosis? Smear Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury 9/23/38

Where did injury occur? (Specify city or town, county, and State) Carthage Mo  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) W. W. W. M. D.

(Address) Carthage Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-38-378

Date Filed 10/14/38