

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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**

PLACE OF DEATH

County W. K. Mo. Registration District No. 263 File No. 9157
 Township Hallas Primary Registration District No. 5366 Registered No. 4
 or Village Summit
 or City _____ (NO. _____) St.: _____ Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Joseph Lee Owsley

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED married
 WIDOWED OR DIVORCED _____
 (Write the word)

DATE OF BIRTH December 19, 1884
 (Month) (Day) (Year)

AGE 25 yrs. 3 mos. 19 ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) Farmer

BIRTHPLACE (City or town, State or foreign country) Spring Creek Mo.

PARENTS
 NAME OF FATHER J. M. Owsley
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Campbell Co. Tenn.
 MAIDEN NAME OF MOTHER Emily Stearns
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Poplar Bluff Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) John M. Owsley
 (ADDRESS) Perry Okla

Filed Apr 11 1910 E. R. Drouff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 8, 1910
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 24, 1910, to April 8, 1910, that I last saw him alive on April 8, 1910, and that death occurred, on the date stated above, at 9:20 m.

The CAUSE OF DEATH* was as follows:
Septicemia
gangrene
 (Duration) 2 wks yrs. _____ mos. 1 ds.

Contributory (SECONDARY) Amputation Leg.
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) Edgar S. Butler M. D.
April 9, 1910 (Address) Summit, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death 2 yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted if not at place of death? _____
 Former or usual residence South Mo. Polaski Co

PLACE OF BURIAL OR REMOVAL Rest. Cemetery DATE OF BURIAL April 9, 1910
 UNDERLAKES E. E. DeHart ADDRESS Weatherly

