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

Do not use this space.

12221

1. PLACE OF DEATH
County Barton — Registration District No. 1004 — File No. 7
Township Richland — Primary Registration District No. 5049 — Registered No. 7
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Thomas Washington Owens
(a) Residence. No. ..... 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14 1845

7. AGE: 83 Years — 3 Months — 3 Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Agent
(b) General nature of industry, business, or establishment in which employed (or employer) M. O. P. Rail Way
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Green, County
(STATE OR COUNTRY) Indiana

PARENTS
10. NAME OF FATHER David W Owens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Sarah Stevens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Pearl Spoon
(Address) Boston Mo

15. FILED 4-19 1928 Mrs Pearl Spoon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Sometime in 1925, to April 17, 1928 that I last saw him alive on or about Dec 15, 1927, and that death occurred, on the date stated above, at 8 00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility (inability to assimilate his food) 11 00
162
164
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... 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) Jm Owensby, M. D
4-19, 1928 (Address) Pittsburg, Kans

*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: Forest Grove Cem — DATE OF BURIAL: 4/19 1928

20. UNDERTAKER: Phas. J. Teeter — ADDRESS: Jasper 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.