

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

Do not use this space.

40773

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. St. Marys Hosp.)

Registration District No. 1002
Primary Registration District No. _____

File No. _____
Registered No. 5180
St. _____ Ward _____

2. FULL NAME

Larl Franklin Owens
(a) Residence. No. 2741 Cleveland Ave 14 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1929, to Dec 15, 1929, that I last saw him alive on Dec 5, 1929, and that death occurred, on the date stated above, at 1:00 P.M.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia
107A
87A 1000A
(duration) yrs. mos. 3 ds.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 7, 1929
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

CONTRIBUTORY (SECONDARY) Otitis media
(duration) yrs. mos. 6 ds.

8. OCCUPATION OF DECEASED

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

10. NAME OF FATHER Frank Owens

WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray
(Signed) Charles J. Eldridge, M. D.

12. MAIDEN NAME OF MOTHER Fertie Marshall

Dec 15, 1929 (Address) 781 Lathrop Bldg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

*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.

14. INFORMANT Frank Owens
(Address) 2741 Cleveland

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL 12/17 1929

15. FILED 12/16 1929 M.M. Crowe
REGISTRAR

20. UNDERTAKER Greenman Mortuary
104 W. 42nd St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Every cause of death must be stated in plain terms, so that it may be properly classified.

2

Dr. Eldredge.
5201 Highland

17

ask if private funeral