-24- ~~out of~~ Hays

DEC 28 1935

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

Do not use this space.

38370

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No.
Township Washington — Primary Registration District No. 6162. — Registered No. 212
City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Wesley Owens
(a) Residence, No. State Hospital #3 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. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1872

7. AGE — YEARS: 63 — MONTHS: 5 — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Com. labor
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) Ky

FATHER
13. NAME Wesley Owens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Co. Clerk, Polk, Co.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shemanville, Mo. DATE Nov 23, 1935

19. UNDERTAKER (ADDRESS) Hays Funeral Service Nevada, Mo.

20. FILED Nov 23, 1935 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1935, to Nov. 23, 1935
I last saw him alive on 11-11, 1935. Death is said to have occurred on the date stated above, at 2:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	?
Chronic myocarditis	?

Other contributory causes of importance:
Acute diarrhea (lientery) 11/15/35

Name of operation none Date of —
What test confirmed diagnosis? Clinical 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 .....

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify .....
(Signed) T. T. O'Dell, M. D.
(Address) Nevada, 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.