

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.

OCT 21 1936

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

Do not use this space.

33833

1. PLACE OF DEATH

County Cass  
Township Paris  
City Edwards

Registration District No. 1150  
Primary Registration District No. 3769A

File No. ....  
Registered No. 1  
St. .... Ward

2. FULL NAME

(a) Residence, No. John E Owens 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 wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m.

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Lea May Owen  
WIFE OF Lea May Owen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
25 3 13

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
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) Albuquerque, New Mexico

FATHER 13. NAME John E Owen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pattonburg, Mo.

MOTHER 15. MAIDEN NAME Tillie Fry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allen Town, Penn.

17. INFORMANT (ADDRESS) Mrs. Dora Minor  
Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maysville, Mo. DATE 9/23/1936

19. UNDERTAKER (ADDRESS) E. M. White  
Warsaw, Mo.

20. FILED 921 19 36 George Bentch  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 0, 1936, to 9-20, 1936  
I last saw h. alive on 9-20, 1936 Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Perforated bowel and peritonitis  
pen against a stick  
Other contributory causes of importance:  
Date of onset

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....  
If so, specify .....  
(Signed) W. H. ... M. D.  
(Address) Maysville, Mo.

