

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

Do not use this space.

1. PLACE OF DEATH

65th County Merced
Township Medicine
City _____ (No. _____) _____

Registration District No. 5-5-9
Primary Registration District No. 0-7-0-3

File No. 23787
Registered No. _____
St. _____ Ward _____

2. FULL NAME

J. Wes 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 2 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Stockman
(b) General nature of industry, business, or establishment in which employed (or employer). 151
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Merced Mo
(STATE OR COUNTRY)

10. NAME OF FATHER John Owens

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

12. MAIDEN NAME OF MOTHER Nancy Kinnick

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

14. INFORMANT Mrs Edna G. Owens
(Address) Medicine

15. FILED 7-26-33 C. L. McClouch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1933

I HEREBY CERTIFY, That I attended deceased from July 14 1933 to July 25 1933
that I last saw him alive on July 25 1933 and that death occurred, on the date stated above, at 11:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carbuncle involving forehead, both eyelids & over bridge of nose, complicated by pneumonia

(duration) _____ yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) lung whole right
(duration) _____ yrs. mos. 3 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? Phys & lab findings

(Signed) A. S. Christow - M. D.

7/25 1933 (Address) Princeton, Mo.

*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

DATE OF BURIAL

Princeton

7-26 1933

20. UNDERTAKER

ADDRESS

Marion Funeral Home

Princeton

WRITE PLAINLY, WITH FADING 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.

AUG 26 1933

9 59

AUG 27 1956