

AUG 14 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed <small>(Write the word)</small>
5A. IF MARRIED, WIDOWED, OR DIVORCED, GIVE NAME OF HUSBAND OR WIFE Florence Owensby		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30, 1864		
7. AGE	YEARS	MONTHS
74	6	8
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) 1933		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverpool England		
13. NAME Oliver Owensby		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England		
15. MAIDEN NAME Don't know		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England		
17. INFORMANT A E Herrick-Kepner (ADDRESS) Sedalia Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cem July 10 39		
19. UNDERTAKER (ADDRESS) E. L. Rogers & Co. 139 E. Mo		
20. FILED 7-13 1939 MAA Harry Sneed Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1939
22. I HEREBY CERTIFY, That I attended deceased from May 2 1939 to July 8 1939 I last saw him alive on July 8 1939 . Death is said to have occurred on the date stated above, at 5:30 p.m. The principal cause of death and related causes of importance were as follows: Cerebral haemorrhage w/ paralysis 93C Other contributory causes of importance: arteriosclerosis chronic myocarditis
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 Sordan Stauffer (Signed) _____ M. D. (Address) Sedalia Missouri

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.

RECEIVED
District Health Officer No. 8,
District File Number 9833
Date Filed _____