24 1929

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

Do not use this space.

~~17691~~ 16559-E

File No. ~~10~~

Registered No. 34

1. PLACE OF DEATH

County Dade

Township

City Greenfield (No. ..... St. ..... Ward)

Registration District No. 237

Primary Registration District No. 4144

2. FULL NAME Eugene 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~~ Mary F Owens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 5 - 1845

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	4	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Night watchman

(b) General nature of industry, business, or establishment in which employed (or employes) .....

(c) Name of employer City of Greenfield

9. BIRTHPLACE (CITY OR TOWN) Baltimore, Md.
(STATE OR COUNTRY) Md.

PARENTS

10. NAME OF FATHER James Eugene Owens

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

12. MAIDEN NAME OF MOTHER Mary Jane King

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

14. INFORMANT Mary F. Owens
(Address) Everton, Mo.

15. FILED 8-31, 1929 E. C. Ball
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1918

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1918, to ....., 19.... that I last saw him alive on May 10, 1918, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Indigestion

1186 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) O V Hembree, M. D

, 19 (Address) Greenfield 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: Greenfield Cemetery

DATE OF BURIAL: May 18 1918

20. UNDERTAKER: Harrison Undertaking

ADDRESS: Greenfield Mo

"Corrected certificate"

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

Do not use this space.

1. PLACE OF DEATH
County: Dade — Registration District No. 237 — File No.
Township: — Primary Registration District No. 4144 — Registered No. 34
City: Greenfield (No. , St. Ward)

2. FULL NAME: Eugene Owens

(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary F. Owens

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 5-1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: City of Greenfield.

9. BIRTHPLACE (CITY OR TOWN): Baltimore
(STATE OR COUNTRY): Md.

PARENTS

10. NAME OF FATHER: James Eugene Owens.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Mary Jane King.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): England

14. INFORMANT: Mary F. Owens
(Address): Everton, Mo.

15. FILED 8-31-1929 E. O. Ball REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 14 1918

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1918, to , 19 , that I last saw him alive on May 10, 1918, and that death occurred, on the date stated above, at 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Indigestion
Supp
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O. V. Hembree, M. D.
, 19 (Address) Greenfield, Mo.

*State the DISEASE CAUSING DEATH, or if 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: Greenfield Cem — DATE OF BURIAL: May 16 1918

20. UNDERTAKER: Harrison — ADDRESS: Greenfield, Mo.

16559-E