

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

Do not use this space.

2836

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. 3449 Pine St.)

File No.
 Registered No. 413
 St. Ward

2. FULL NAME

Robert Owens
 (a) Residence. No. 3449 Pine St. St. 21 Ward.

(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 male 4. COLOR OR RACE Colored 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) 1-1-1891

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
36 0 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work mail Clerk
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pickens
 (STATE OR COUNTRY) Miss.

PARENTS

10. NAME OF FATHER James Owens

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

12. MAIDEN NAME OF MOTHER not known

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

14. INFORMANT Nannie Terry
 (Address) 43136 Gotebrill St. Ave.

15. FILED JAN 12 1927 Max C. Starkey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 7th 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1927, to Jan 7th 1927 that I last saw him alive on Jan 7th 1927, and that death occurred, on the date stated above, at 11:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical symptoms

(Signed) S. A. Walthall, M. D.

, 19 (Address) 1001 - Jefferson

*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

Lexington, Miss. Jan. 13th 1927

20. UNDERTAKER

A. L. Beal

ADDRESS

2726 Lucas

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.

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