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

Do not use this space.

29634

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1093

City St. Joseph, (No. 2333 South 9th. St. Ward)

2. FULL NAME Robert William Owens,

(a) Residence. No. 2333 South 9th. 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. 2 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Divorced,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 5, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	65	11	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith,

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) DeKalb County, (STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER William Owens,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) DeKalb County, (STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Phoebe Peet,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) DeKalb Co., (STATE OR COUNTRY) Missouri,

14. INFORMANT Mrs. Ethel Cunningham (Address) 2333 South 9th. Street.

15. FILED Oct 29 1927 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 28 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 10-27, 1927, to 10-28, 1927 that I last saw him alive on 10-27, 1927, and that death occurred, on the date stated above, at 1 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid Fever

10 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Unknown

(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? Tinca

(Signed) [illegible] M.D

10/29, 1927 (Address) 1725 [illegible]

*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
Maysville, Mo. via Auto	Oct 30th 1927.

20. UNDERTAKER	ADDRESS
Heaton-BeGole Und Co. by J. H. Kaale	319 S. 10 St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state