

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

Do not use this space.

37812

**1. PLACE OF DEATH**

County..... Polk Registration District No..... 681  
 Township..... Polk Primary Registration District No..... 5909  
 City..... Paysonville (No. ....) St. .... (Ward) .....

**2. FULL NAME**

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR  
 DIVORCED (write the word) Married  
 5a. In Marriage, Widowed, or Divorced  
 HUSBAND OF Catherine Owens  
 (or) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27-1844  
 7. AGE YEARS MONTHS DAYS IF LESS than 1  
86 4 16 day, .... hrs.  
 or .... min.

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

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

10. NAME OF FATHER Wm Owens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Caroline McLean

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

14. INFORMANT Joe F. Dean  
 (Address)

15. FILED Dec 12 1927 Bettie Drual  
 deputy REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 8 1927  
 17. I HEREBY CERTIFY, That I attended deceased from May  
 ....., 1925, to Aug 8, 1927.  
 that I last saw him alive on Aug 2, 1927, and that  
 death occurred, on the date stated above, at 7 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
uremic poison  
137  
132B

(duration) yrs. .... mos. 10 da.  
 CONTRIBUTORY Hypertrophy of prostate  
 (SECONDARY) (duration) 10 yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED 135  
 IS NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS? renal biopsy  
 (Signed) Chas. W. Mansfield, M. D.

\*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 Clarksville Cemetery DATE OF BURIAL Dec 10 1927

20. UNDERTAKER Harvey Lawrence ADDRESS Clarksville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state exactly. AGE should be stated EXACTLY. Do not use this space.

