

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.

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

30

1928

1 PLACE OF DEATH
 County Andrew
 Township Benton Registration District No. 9 File No. 21
 or Village Wright Primary Registration District No. 50129 Registered No. 9
 City (NO. _____) (NO. _____) St. _____ Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME James Sydney Owens

PERSONAL AND STATISTICAL PARTICULARS	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>
5 SINGLE MARRIED WIDOWED OR DIVORCED <u>widower</u> (Write the word)	
6 DATE OF BIRTH <u>September 1 1841</u> (Month) (Day) (Year)	
7 AGE <u>86</u> yrs. <u>3</u> mos. <u>28</u> ds.	IF LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired Farmer</u> (b) General nature of industry business, or establishment in which employed (or employer)	
9 BIRTHPLACE (City or town, State or foreign country) <u>Nanceck Co. Indiana</u>	
PARENTS	10 NAME OF FATHER <u>John R. Owens</u>
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>North Carolina</u>
	12 MAIDEN NAME OF MOTHER <u>unknown</u>
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>unknown</u>

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH <u>Jan 7 1928</u> (Month) (Day) (Year)	
17 I HEREBY CERTIFY, that I attended deceased from <u>Dec 24 1927</u> to <u>Jan 7 1928</u> that I last saw him alive on <u>Jan 6 1928</u> and that death occurred, on the date stated above, at <u>12 P.M.</u>	
The CAUSE OF DEATH* was as follows: <u>Cerebral apoplexy</u> <u>89 A</u> <u>9/14 W</u> (Duration) _____ yrs. _____ mos. <u>14</u> ds.	
CONTRIBUTORY (Secondary) <u>Arteriosclerosis</u> (Duration) <u>15</u> yrs. _____ mos. _____ ds. (Signed) <u>W. P. Wilson</u> M. D. (Address) <u>Rosedale Mo</u>	

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted if not at place of death?
 Former or usual residence _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) John R. Owens
 (Address) Rosedale Mo

15 Filed Jan 7 1928 J. W. Loren Registrar

19 PLACE OF BURIAL OR REMOVAL 6 of man cemetery DATE OF BURIAL 1-8-28
 20 UNDERTAKER E. C. Breit ADDRESS Savannah Mo

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health

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occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Congenital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septichaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)