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

Do not use this space.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No. 5020
Township Kaw Primary Registration District No. 1802 Registered No.
City K. C. Mo. (No. 1008 Chestnut St. Ward)

2. FULL NAME Leo H. Owen
(a) Residence. No. 1008 Chestnut 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.

9 / 3

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: male / 4. COLOR OR RACE: White / 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married	16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 14 - 1928
5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of Thelma	17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1927, to Feb 13, 1928, that I last saw him alive on Feb 13, 1928, and that death occurred, on the date stated above, at 12 45 A m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9 1900	THE CAUSE OF DEATH* was as follows: Chronic Cholecystitis 131
7. AGE: Years 27, Months 10, Days 5; If LESS than 1 day, ...hrs. or ...min.	92A 127A (duration) 5 yrs. mos. ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Auto Machanic; (b) General nature of industry, business, or establishment in which employed (or employer); (c) Name of employer	CONTRIBUTORY (SECONDARY) Mitral Regurgitation insufficiency Nephritis (duration) yrs. mos. ds.
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Did an operation precede death? no Date of Was there an autopsy? no
PARENTS: 10. NAME OF FATHER Wm Owen; 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri; 12. MAIDEN NAME OF MOTHER Lula Rowle; 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri	What test confirmed diagnosis? History (Signed) [illegible] Strickler, M. D. 2/15, 1928 (Address) 516 Chambers Bldg. *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.
14. INFORMANT Mrs. E. P. Brosseau (Address) 1008 Chestnut	19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor, Mo. / DATE OF BURIAL Feb 15, 1928
15. FILED 2/15, 1928 M. M. Crowe Asst Registrar	20. UNDERTAKER Mrs. C. L. Foster / ADDRESS K. C. Mo.