JUN 28 1929

Do not use this space.

20546

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

1. PLACE OF DEATH
County Worth — Registration District No. 935 — File No.
Township Allen — Primary Registration District No. 6216 — Registered No.
City Albany (No. St. Ward)

2. FULL NAME John F Owens

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of — Kittie Owens
6. DATE OF BIRTH (month, day and year) 22 Jan 1867
7. AGE: Years 62, Months 4, Days 3. If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) Harrison Co (State or country) Missouri

PARENTS
10. NAME OF FATHER Alford Owens
11. BIRTHPLACE OF FATHER (city or town) (State or country) Ken
12. MAIDEN NAME OF MOTHER Lucindy Smith
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Don no
14. INFORMANT Kittie Owens (Address) Albany MO
15. Filed June 10, 1929 Marge Long Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) May 25 1929
17. I HEREBY CERTIFY, That I attended deceased from Oct 1928, to May 25 1929, that I last saw him alive on May 24 1929, and that death occurred, on the date stated above, at 5 a.m.
The CAUSE OF DEATH* was as follows:
Myocarditis
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) 5 yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J L Wilson, M.D.
May 25, 1929 (Address) New Hampton MO

*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: Walker — DATE OF BURIAL May 26 1929
20. UNDERTAKER W H Noble — ADDRESS New Hampton MO

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.

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

31