

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

Do not use this space.

5430-1

1. PLACE OF DEATH

County Jasper
Township Medonald
City _____ (No. _____) St. _____ Ward _____

Registration District No. 419
Primary Registration District No. 2823

File No. _____
Registered No. _____

2. FULL NAME

Bobby Floyd Owens

(a) Residence No. _____ St. _____ Ward _____
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR, OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 2, 1930</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, 3 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Avilla Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Emery Owens

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mary E Russell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Avilla Mo

14.

INFORMANT _____
(Address) Avilla Mo

Neva Owens

15.

FILED 4-11, 1930 Mrs. W. A. Hall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1930 to Feb 2, 1930, that I last saw him alive on Feb 2, 1930, and that death occurred, on the date stated above, at 9 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth
(duration) _____ yrs. mos. / ds.

CONTRIBUTORY (SECONDARY)

159 (duration) _____ yrs. mos. / ds.

18. WHERE WAS DISEASE CONTRACTED

Premature birth

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH. no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. Sadler, M. D.

, 19 _____ (Address) Avilla 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

DATE OF BURIAL

2-3 - 1930

20. UNDERTAKER

ADDRESS

Not any.

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.

7430-1

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PARENTS

