

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.

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

Do not use this space.

5430-2

1. PLACE OF DEATH

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

Registration District No. H19
Primary Registration District No. 2223

File No. _____
Registered No. _____

2. FULL NAME Billy Lloyd 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1 hrs. or _____ min.
5 hours

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) Avella Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Emery Owens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Millersville Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary E Russell

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

14. INFORMANT Neva Owens
(Address) Avella Mo

15. FILED Apr 19 30 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 _____ m;

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth
16/10 (duration) yrs. mos. / ds.

CONTRIBUTORY (SECONDARY) None
159 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Premature birth
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) W. Sadler M. D.

. 19 (Address) Avella 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 2-9-1930

20. UNDERTAKER None ADDRESS _____

