MAY 23 1930

5.

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

Do not use this space.
8253

File No. 16
Registered No.

1. PLACE OF DEATH
County Dunklin
Township Clay
City (No. St. Ward)
Registration District No. V87
Primary Registration District No. 5405

2. FULL NAME Donald D. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 1 1929

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	6	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓ ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓ ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Senath
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Thomas J. Owens
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Sulphur Rock Ark.
12. MAIDEN NAME OF MOTHER Marion Thompson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) White Co. Ark.

14. INFORMANT T. J. Owens
(Address) Senath Mo R.F.D. #2

15. FILED 4-10 1930 E D Cope REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 21 1930

17. I HEREBY CERTIFY, That I attended deceased from March 19 1930 to March 21 1930 and that I last saw him alive on March 21 1930 and that death occurred, on the date stated above, at 7 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Fever

(duration) 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) H. H. Bridges, M. D.
, 19 (Address) Senath 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: Sulphur Rock Cemetery
DATE OF BURIAL: Mar. 3 1923
20. UNDERTAKER: McDaniel Furn Co.
ADDRESS: Senath Mo

MARGIN RESERVED FOR BINDING

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.