

JUN 25 1930

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

Do not use this space.  
15768

1. PLACE OF DEATH

County..... Douglas Registration District No. 283  
Township..... Boyd Primary Registration District No. 5402  
City..... (No. ....) St. .... Ward)

File No. 102  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Amos P. Owen

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1930

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

17. I HEREBY CERTIFY, That I attended deceased from 5-21-1930, to 5-23-1930, that I last saw him alive on 5-23-1930, and that death occurred, on the date stated above, at 12-0 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-27-1928

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia, Stomach & Bowels

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
1 6 26

11913 (duration) yrs. mos. da.

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

1185 (duration) yrs. mos. da.  
CONTRIBUTORY (SECONDARY)

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

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

10. NAME OF FATHER Vester Owen

19. DID AN OPERATION PRECEDE DEATH? DATE OF  
WAS THERE AN AUTOPSY?

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

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) W. B. ..., M. D.

12. MAIDEN NAME OF MOTHER Edna Montgomery

, 19 (Address) Cookman Mo

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

14. INFORMANT W. B. ...  
(Address) ...

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Cookman Cemetery 5-24 1930

FILED 5/24 1930 ... REGISTRAR

20. UNDERTAKER Steward & Anderson ADDRESS Cookman Mo

Information should be carefully submitted in plain terms, so that it may be properly classified. OCCUPATION is very important.

PHYSICIAN'S

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.  
 County Dunklin Registration District No. 283 File No. ....  
 Township Buffalo Primary Registration District No. 5402 Registered No. 102  
 City ..... (No. ....) St. .... Ward)

2. FULL NAME Amos P. Owen  
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S  
(write the word)

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

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

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

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) (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. 5-24-30 O. Lawson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1930

17. I HEREBY CERTIFY, That I attended deceased from ..... to .....  
 that I last saw him ..... also on ....., 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Obstruction stomach & bowels  
Toxic Poison!

CONTRIBUTORY (SECONDARY) 177  
 (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? 30  
 (Signed)....., M. D.

, 19 (Address)

\*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

20. UNDERTAKER ADDRESS

19

N. B.—Every item of information should be carefully sub-  
 CAUSE OF DEATH in plain terms, so that it may be properly classified.  
 applied. AGE should be stated EXACTLY.  
 Exact statement of ILLNESS OCCUPATION is

LET AS PRESCRIBED BY LAW

SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNLESS

SUPPLEMENTARY

S-15768