

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

Do not use this space.
23405

1. PLACE OF DEATH

County Lafayette
Township Wagoner
City Lexington (No.)

Registration District No. 461
Primary Registration District No. 3024

File No. 59.
Registered No.
St. Ward)

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1930
I HEREBY CERTIFY, That I attended deceased from July 15, 1930 to July 9, 1930
that I last saw him alive on July 7, 1930, and that death occurred, on the date stated above, at 5:40 P.M.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
46E

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 13, 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 10 26

CONTRIBUTORY (SECONDARY) 44B (duration) yrs. 18 mos. ds.

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

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

9. BIRTHPLACE (CITY OR TOWN) Lexington (STATE OR COUNTRY) MO.

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

10. NAME OF FATHER John R. Owen

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) [Signature] M. D.
July 9, 1930 (Address) Lexington MO

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

12. MAIDEN NAME OF MOTHER Jane Trotter

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

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 (Address) Louisa Owen
Lexington MO

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lexington MO DATE OF BURIAL July 11 1930

15. July 9, 1930 [Signature] REGISTRAR

20. UNDERTAKER Ernest Regert ADDRESS Lexington MO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. PHYSICIAN'S should state EXACTLY. Exact statement of OCCUPATION is very important.

