

~~Missouri~~ ~~OKLAHOMA~~ STANDARD CERTIFICATE OF DEATH

40033

1 PLACE OF DEATH
 County McDonald, STATE OF OKLAHOMA. Registered No. mo
 Village Bruffalo or Township 42
 City _____ No. 5698 St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Alfred Pleasant Owen
 (a) Residence No. Goodman R¹ St., _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ 4 COLOR OR RACE _____ 5 Single, Married, Widowed, or Divorced (write the word)
Male White Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Owen

6 DATE OF BIRTH (month, day, and year) Oct 12-1865

7 AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.
65 1 28

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

9 BIRTHPLACE (city or town) _____
 (State or country) Lawrence Kansas

10 NAME OF FATHER Samuel Owen

11 BIRTHPLACE OF FATHER (city or town) _____
 (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Martha

13 BIRTHPLACE OF MOTHER (city or town) _____
 (State or country) Mo.

14 Informant Viola Owen
 (Address) Goodman Rd

15 Filled _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1930

17 I HEREBY CERTIFY, That I attended deceased From Nov 24, 1930, to Dec 8, 1930
 That I last saw him alive on Dec 6, 1930, and that death occurred, on the above date, at _____ 8 P m.
 THE CAUSE OF DEATH*

Carcinoma of Liver & Intestines

Duration _____ yrs., _____ mos., _____ ds.

CONTRIBUTORY (Secondary) 44 46C 46E
 (duration) _____ yrs., _____ mos., _____ ds.

18 Where was disease contracted? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____
 (Signed) V. P. Mueller M. D.
 (Address) Denver Mo

*Deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side).

19 PLACE OF BURIAL, Cremation, or Removal _____ DATE OF BURIAL _____

Anderson 12/10 1930
 20 UNDERTAKER _____ Address _____

Norman E. Metchey Sever MS

It may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOTICE

Certificates will be returned for additional information which give indefinite causes of death without explanation, such as: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septi-cema, tetanus.

STATEMENT OF CAUSE OF DEATH—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of _____ (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County McDonald Registration District No. 142 File No. _____
 Township Buffalo Primary Registration District No. 5-698 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Alfred Pleasant Owen

(a) Residence. No. Sumner St. R-1 Ward _____ (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 (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12-1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65- 1 26

8. OCCUPATION OF DECEASED Farmer
 (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) Lawrence
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Samuel Owen

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

12. MAIDEN NAME OF MOTHER Martha

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) no
 (STATE OR COUNTRY)

14. INFORMANT Viola Owen
 (Address) Sumner Mo

15. FILED Mo 19 31 Chas W Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 8 1930
 17. I HEREBY CERTIFY That I attended deceased from Nov 24 1930 to Dec 8 1930
 that I last saw him alive on Dec 6 1930 and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Carcinoma of liver & intestines

CONTRIBUTORY (SECONDARY) _____ (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) W. B. Duemler, M. D.
 , 19 (Address) Seneca 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 Anderson DATE OF BURIAL 12/10 1930

20. UNDERTAKER Norman E. Mitchell ADDRESS Seneca Mo

SUPPLEMENTARY

RE... LL...IVE A FEC...C...

S-40033