

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

Do not use this space.

19012

1. PLACE OF DEATH

County Randolph Registration District No. 735 File No. _____
 Township _____ Primary Registration District No. 3034 Registered No. 134
 City Moberly (No. _____, St. _____ Ward _____)

2. FULL NAME William Tandy Owen

(a) Residence, No. Hunterville 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Mo

13. NAME James Owen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Nancy Jane Owen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Willie Owen (ADDRESS) Hunterville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hunterville DATE May 13, 1931

19. UNDERTAKER Tom B. Patton (ADDRESS) Hunterville

20. FILED July 8, 1931 T. J. Fleming Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1931, to May 11, 1931.
 I last saw him alive on May 11, 1931. Death is said to have occurred on the date stated above, at 9:45 P. M.

The principal cause of death and related causes of importance were as follows:
Ingestion of falling prostate operation Date of onset 1926

Other contributory causes of importance: _____

Name of operation prostatectomy of 9-31
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) A. L. McConick, M. D.
 (Address) Moberly

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

JUL 28 1931



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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 Randolph
Township _____
City Moberly (No. _____)

Registration District No. 735-
Primary Registration District No. 3034

File No. _____
Registered No. 134
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

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.
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The principal cause of death and related causes of importance were as follows: _____ Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

Registration
Following prostate
operation
Cystic Papillary Adenoma
Other contributory causes of importance: none other

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Manner of injury _____
Nature of injury _____

17. INFORMANT (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

If so, specify A. L. McCormick, M. D.

19. UNDERTAKER (ADDRESS) _____

(Signed) _____ (Address) _____

20. FILED July 8 1931 Pross Fleming Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death in plain terms, so that it may be properly classified. Exact statement of cause of death in plain terms, so that it may be properly classified.

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