

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.

44 5 NOV

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

Do not use this space.

35187

1. PLACE OF DEATH

County Nodaway  
Township Center  
City Hopkins (No. \_\_\_\_\_)

Registration District No. 674  
Primary Registration District No. 4375

File No. \_\_\_\_\_  
Registered No. 17 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Carl Henry Owens

(a) Residence, No. Hopkins St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 11 mos. 21 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3 - 1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
14 11 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School  
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) Hopkins mo

13. NAME Alfred Owens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn County Ia.

15. MAIDEN NAME Miss Owen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates County mo

17. INFORMANT (ADDRESS) Alfred Owens Hopkins mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins DATE Oct. 26 1931

19. UNDERTAKER (ADDRESS) F. Metmore Hopkins Ia.

20. FILED 10/25/31 Ch. Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/21 1931 to 10/24 1931  
I last saw him alive on 10/24 1931. Death is said to have occurred on the date stated above, at 6:15 P.M.

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

Lobar Pneumonia Date of onset 10/18/31  
108  
108

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) Ch. Taylor M. D.  
(Address) Hopkins Mo

