

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

(Parsons)

Do not use this space.

11591

1. PLACE OF DEATH
 10 County Boone Registration District No. 72 File No. _____
 2 Township _____ Primary Registration District No. 4041 Registered No. 10
 2 City Centralia (No. _____) St. _____ Ward _____
 2. FULL NAME George William Owsley
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eucena Owsley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26 - 1867
 7. AGE YEARS 65 MONTHS 2 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Keeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 233
 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) Henry Co. Mo. 1
 13. NAME Miss Owsley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Verbeur 1
 15. MAIDEN NAME Sally Morton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) See Mo 1
 17. INFORMANT Mrs Eucena Owsley (ADDRESS) Centralia Mo 1
 18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Mo DATE 4-3-1932
 19. UNDERTAKER M. McDonald (ADDRESS) Centralia
 20. FILED 4/2 1932 K. F. Hierslow Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1 1932
 22. I HEREBY CERTIFY, That I attended deceased from March 7 1932 to April 1 1932
 I last saw him alive on March 31 1932 Death is said to have occurred on the date stated above, at 2 P.M.
 The principal cause of death and related causes of importance were as follows:
Birchosis liver abnt. 1932
1941 12 1/2 of B
 Other contributory causes of importance:
 (1)
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) J. B. Parsons, M. D.
 (Address) Centralia, Mo.

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.

MAY 9 1932

