

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

Do not use this space.

14017

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **City Hospital #1**) St. _____ Ward _____
 Registered No. **3344**

2. FULL NAME

Orie Owen
 (a) Residence, No. **Broadway Hotel Broadway & Weber Sts. 15** Ward **15**
 (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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Elizabeth Owen</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 6 - 1885</i>				
7. AGE	YEARS <i>46</i>	MONTHS <i>7</i>	DAYS <i>28</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Electrician</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>3rd</i>			
	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) <i>Hannibal Mo.</i>				
FATHER	13. NAME <i>George Ben Owen</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Dont Know ?</i>			
MOTHER	15. MAIDEN NAME <i>Anna Brown</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Dont Know</i>			
17. INFORMANT (ADDRESS) <i>Elizabeth Owen 3811 E. Delmar av</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Frederick Church</i> DATE <i>Apr 6 1932</i>				
19. UNDERTAKER (ADDRESS) <i>Gully Bros 1710 W. Grand St</i>				
20. FILED <i>DR -5 1932</i> <i>Max C. Parker</i> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 3 1932*

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

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at *5:15* p.m.

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

Subarachnoid Hemorrhage following fractured skull

Other contributory causes of importance: *70*

Manner and cause of death same could not be ascertained

Name of operation _____ Date of _____

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *Accident* Date of injury *Unknown*
 Where did injury occur? *Hannibal*
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *Home*

Manner of injury *Unknown*
 Nature of injury *fractured skull*

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) *J. W. Kerney*, M.D.
 (Address) *Deputy Coroner*

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.

