

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.

JUN 21 1932

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

Do not use this space.

15577

1. PLACE OF DEATH
 21 County Chariton Registration District No. 198
 Township Bee Branch Primary Registration District No. 3246
 City (No. St. Ward)

2. FULL NAME Robert Lee Owen
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 7 15

OCCUPATION
 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) Mo

FATHER
 13. NAME Wm Owen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donk Iowa

MOTHER
 15. MAIDEN NAME Lovina Cleator
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co Mo

17. INFORMANT (ADDRESS) Mrs R L Owen
Marceline Mo

18. BURIAL, CREMATION OR REMOVAL
 PLACE High Hill DATE May 15 1932

19. UNDERTAKER (ADDRESS) Das Maughlin
Marceline Mo

20. FILED 670 1932 W J Biecht
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1932

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw h. alive on May 10, 1932. Death is said to have occurred on the date stated above, May 12 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
Influenza
 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?
 If so, specify P. J. Patrick M. D.
 (Signed) Marceline
 (Address)

