

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

Do not use this space.

34971

1. PLACE OF DEATH

15

County Candem
Township Russell
City (No.)

Registration District No. 120
Primary Registration District No. 5772

File No.
Registered No. 14
St. Ward)

2. FULL NAME

James Sigler Owens

(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 m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriet Owens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25th - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 0 0 0 0

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) 1914 11. Total time (years) spent in this occupation upto 1914

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macke Creek Mo

13. NAME Jonathan Owens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Macke Creek Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE White Cemetery DATE Nov. 15th 1932

19. UNDERTAKER (ADDRESS) Arthur Caline
Barnum Mo

20. FILED 11/14/32 Dr. J. T. Myers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14th 1932 to Nov. 14th 1932

I last saw him alive on Nov. 14th 1932 Death is said to have occurred on the date stated above, at 12 m.

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

Broncho Pneumonia Date of onset 11/14/32

107A/070A

Other contributory causes of importance:

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. T. Myers
(Address) Macke Creek 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.

