

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

Do not use this space.

14213

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File No.

32

Registered No. St. Ward

1. PLACE OF DEATH

85 County Polk Registration District No. 711
Township Union Primary Registration District No. 5940
City (No.)

2. FULL NAME

William Henry 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 Nancy Owsley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/6-1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 1 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

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) Missouri

13. NAME William H Owsley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Catherine Owsley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Perk Owsley (ADDRESS) Newburg, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dixon DATE 4/26 1933

19. UNDERTAKER Fred H Gilberts (ADDRESS) Dixon, mo

20. FILED 4-26 1933 A S Dixon Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1933 to April 25, 1933

I last saw him alive on April 17, 1933. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

myocardial dilatation Date of onset

1811B

Other contributory causes of importance: influenza + Rheumatism

Name of operation Date of

What test confirmed diagnosis? Examination 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?

If so, specify

(Signed) A J Greider M. D.

(Address) Dixon, 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 22 1933

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

1. The purpose of this document is to provide a comprehensive overview of the current state of the industry and to identify key trends and challenges. This information is intended for internal use only and should be handled accordingly.

2. The following table provides a detailed breakdown of the data collected over the past six months. The data shows a steady increase in market activity, with significant growth in the technology sector.