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.

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

Do not use this space. 36735

JAN 3 1934

1. PLACE OF DEATH
County Jackson — Registration District No. 3 8 9
Township Kaw — Primary Registration District No. 1 6 6 2
City Kansas City (No. Menorah Hospital St. Ward)
File No. — Registered No. 4658

2. FULL NAME Risdon M. Owen
(a) Residence, No. St., Ward. Princeton, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 17 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1858

7. AGE — YEARS: 75 — MONTHS: 8 — DAYS: 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Farming.
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

FATHER
13. NAME William B. Owen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Jane Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mr. L. C. Owen
(ADDRESS) 10 East 69th. St. K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Princeton Mo. DATE 19

19. UNDERTAKER The Freeman Mortuary
(ADDRESS) Kansas City Mo.

20. FILED Nov. 27, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27th. 33

22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1933, to 11-27, 1933
I last saw him alive on 11-26, 1933. Death is said to have occurred on the date stated above, at 12:25 A. M
The principal cause of death and related causes of importance were as follows:

Myocarditis 51C
131
72D
51

Date of onset

Other contributory causes of importance:
Carcinoma of prostate
Chr. nephritis
Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Pathologists 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? none
If so, specify
(Signed) James M. Nisbett, M. D.
(Address) 714 Bryant Bldg

Dr. Nisbett

714 Bryant