WHITE PEARNEY, 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.

JUL 17 1934

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

Do not use this space.

20329

399

1. PLACE OF DEATH

County JACKSON — Registration District No. 1002 — File No. 2489

Township KAW — Primary Registration District No. — Registered No.

City KANSAS CITY (No. 2306 - EAST - 55TH St. Ward)

2. FULL NAME WILLIAM MEDFORD Owen

(a) Residence, No. 2306 - EAST - 55TH St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. LULA M. OWEN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT-13-1861

7. AGE: YEARS 72 — MONTHS 78 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

FATHER

13. NAME JAMES B. OWEN

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

MOTHER

15. MAIDEN NAME LUCY DICKERSON

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

17. INFORMANT (ADDRESS) MRS. E. L. BOHLING 2306 - EAST - 55TH ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE MAY - 5 1934

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS 2111 - EAST - 9TH ST.

20. FILED 6 - 5 1934 M M Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1934

22. I HEREBY CERTIFY, That I attended deceased from May 30 1934 to June 3 1934

I last saw him alive on June 2 1934 Death is said to have occurred on the date stated above, at 4 30 a.m.

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

Carcinoma of stomach c̄ metastasis in liver — Date of onset 1 yr

46

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Partial autopsy Was there an autopsy? Partial

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) W. F. Culbertson, M. D.

(Address) 506 Professional Bldg Kansas City Mo.