

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

Do not use this space.

File No. **25241**

**1. PLACE OF DEATH**

County Lepledy  
Township Franklin  
City Franklin (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 952  
Primary Registration District No. 5617

Registered No. \_\_\_\_\_

**2. FULL NAME** William Owens

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 3 1855</u>		
7. AGE YEARS <u>79</u>	MONTHS	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		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) <u>Kentucky</u>		
13. NAME OF FATHER <u>Joe Bill Owens</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Frances Hardy</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>Sam Owens</u> (ADDRESS) <u>Oakland Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Oakland Cem</u> DATE <u>July 9 1934</u>		
19. UNDERTAKER <u>Hobbs &amp; Stewart</u> (ADDRESS) <u>Lebanon Mo</u>		
20. FILED <u>July 9 1934</u> <u>Vida Lambeth</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1934

22. I HEREBY CERTIFY That I attended deceased from June 12 1934 to June 12 1934  
I last saw him alive on July 12 1934 Death is said to have occurred on the date stated above, at 7 9 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral thrombosis  
gla  
Other contributory causes of importance  
gla  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Phosphatase 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 none  
Nature of injury none  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Hubson, M. D.  
(Address) Lebanon 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.

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