

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

Do not use this space.

31313

1. PLACE OF DEATH

SEP 13 1934

791
1003

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St Louis Mo* No *Central* to *St Louis 2* St..... Ward.....
Registered No. *8619*

2. FULL NAME

Israel Owens
(a) Residence, No. *2022 Chestnut* St., *21* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *Cal* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. Unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 40

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. *Barber*
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) *Ark*

FATHER 13. NAME *John Owens*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark*

MOTHER 15. MAIDEN NAME *Temple Johnson*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Mary Owens 2022 Chestnut*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Greenwood* DATE *Aug 25th '34*

19. UNDERTAKER (ADDRESS) *A. J. Beal and Co 2726 Locust*

20. FILED *J. Bredeck* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8/18 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:
Chy. Myo. Stomach into kidneys. Serratus of liver.

Other contributory causes of importance:
Chr. Gastritis

Name of operation *12461* Date of.....

What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *L* 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) *Harold D. [Signature]* M. D.

(Address) *St Louis*

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

