

DEC 14 1934

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

Do not use this space.

35728

1. PLACE OF DEATH

County GreeneRegistration District No. 318Township SpringfieldPrimary Registration District No. 2001City Springfield(No. Bunge Hospital)File No. 538

Registered No. _____

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. R#2

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)

Widower

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

-

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

May 12 - 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

70519

OCCUPATION

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

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

on farm

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)

Jenn,

13. NAME

Robert Owen

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

A. Car,

15. MAIDEN NAME

Nancy Mays

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

Jenn,

17. INFORMANT

(ADDRESS)

John Owens, Jr.,Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Palmetto, (cemetery)

DATE

Nov 2

1934

19. UNDERTAKER

(ADDRESS)

J. W. King, Jr.,Springfield, Mo.

20. FILED

11 - 1

19.34

John Owens, Jr.,

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31 193422. I HEREBY CERTIFY, That I attended deceased from 2-22 1934, to Oct 31 1934I last saw him alive on Oct-21 1934 Death is saidto have occurred on the date stated above, at 8 P. m.

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

Carcinoma stomach Date of onset 9-1-33

Other contributory causes of importance:

NoneName of operation None Date of _____What test confirmed diagnosis? X-Ray 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? No

If so, specify _____

(Signed) Julius P. Webb, M. D.(Address) Springfield, Mo.

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

