

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.

AUG 27 1935

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

Do not use this space.

233373 ✓

1. PLACE OF DEATH

County Jackson Registration District No. 402
Township Oak Grove, Mo. Primary Registration District No. 4237
City Oak Grove, Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Nathan B. Owings
(a) Residence, No. _____ 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Owings
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9th 1855
7. AGE YEARS 80 MONTHS 1 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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

MOTHER 13. NAME Joshua Owings

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

15. MAIDEN NAME Martha George

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

17. INFORMANT Alice Owings
(ADDRESS) Oak Grove Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE July 16, 1935

19. UNDERTAKER J. Perry
(ADDRESS) Oak Grove Mo.

20. FILED July 25, 1935 Mrs. A. H. Mann
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1935

22. I HEREBY CERTIFY That I attended deceased from Feb 19, 1935 to 7-14, 1935

I last saw him alive on 7-14, 1935 Death is said to have occurred on the date stated above, at 12:45 AM.

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

Carcinoma of liver
Chronic Brights
Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____ (Signed) J. Perry, M. D.

(Address) Oak Grove

