

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.

FEB 19 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1919

1. PLACE OF DEATH

County LafayetteRegistration District No. 460Township HigginsvillePrimary Registration District No. 1693City Higginsville

(N. J. D. 12)

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

✓

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

Dec 14 - 1935

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or min.

30 -

OCCUPATION

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.

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)

Higginsville Mo

FATHER

13. NAME

Morris Charles M. Owersman

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

Higginsville Mo

MOTHER

15. MAIDEN NAME

Flora Schnockenberg

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

Corder Mo

17. INFORMANT (ADDRESS)

Charles M. Owersman Higginsville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Corder Mo

DATE

1/14 - 36

19. UNDERTAKER (ADDRESS)

Volter M. Muenchhausen Higginsville Mo

20. FILED

Jan 15 1936MoMo

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 13 - 1936

22. I HEREBY CERTIFY That I attended deceased from

Dec 14 - 1935, to Jan 13 1936I last saw him alive on Jan 13 1936 Death is saidto have occurred on the date stated above, at 2:30 P.M.

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

Bilateral Bronchial Pneumonia Date of onset 1-12-36

Other contributory causes of importance

Bronchitis 1-2-36Name of operation None

Date of

What test confirmed diagnosis Physical Exam 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)

Ernest M. Moore, M. D.

(Address)

Higginsville, Mo

