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.

APR 17 1936

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

Do not use this space.

5557

1. PLACE OF DEATH
County Grundy. Registration District No. 329 File No.
Township Wilson Primary Registration District No. 5195 Registered No.
City Laredo (No. , St. Ward)

2. FULL NAME Christopher Columbus Owens
(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 M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Georgia Owens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1859
7. AGE YEARS 76 MONTHS 8 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. Ret. Farmer
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) Livingston Co. Mo.

FATHER
13. NAME Milford Owens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Malcenia Fightner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Co. Mo.

17. INFORMANT (ADDRESS) Mrs. C. C. Owens Laredo, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Richardson Cem. DATE Feb. 20 1936
19. UNDERTAKER (ADDRESS) E. J. Robertson Laredo, Mo.
20. FILED 3-26 1936 J. C. Humphreys Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 6 - - 1936

22. I HEREBY CERTIFY, That I attended deceased from 8 2, 1935, to 2 6 -, 1936
I last saw him alive on 2 5, 1936 Death is said to have occurred on the date stated above, at 9.45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Exposure

Name of operation — Date of
What test confirmed diagnosis? 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 —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) O. S. Thomas, M. D.
(Address) Laredo Mo