

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

Do not use this space.

AUG 21 1936

27008

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Harrison Primary Registration District No. 2002
City Jasper (No. 2431) Porter Ward.

File No. _____
Registered No. _____
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 2431 Porter Ave. 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 Edna Owen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 21 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 2 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Repair Shop
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) Crittenden Co Kentucky

MOTHER 13. NAME James L Owen

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

15. MAIDEN NAME Nancy C Bennett

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

17. INFORMANT Mrs Edna Owen
(ADDRESS) 2431 Porter St

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrison Ky DATE July 6 36

19. UNDERTAKER Frank Meyers Co
(ADDRESS) 4th & 1/2 St

20. FILED 7-7 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6 1936 to July 6 1936
I last saw him deceased 7-6 1936 Death is said to have occurred on the date stated above, at 815 a

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

penetrating and gunshot wound of abdomen in thoracic cavity
Other contributory causes of importance: _____
Date of onset 1936

Name of operation _____ 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? intentionally Date of injury 7-3 1936

Where did injury occur? Jasper Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. his home

Manner of injury gunshot wound
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. J. Hagan M. D.
(Address) _____

