OCT 1 1936

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

Do not use this space.

29710

1. PLACE OF DEATH
County Wright
Township Mtn Grove
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 908
Primary Registration District No. 6222

File No. .....
Registered No. 43

2. FULL NAME George Vest 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 white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1880

7. AGE 56 YEARS MONTHS 2 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

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. .....
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) Missouri

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

MOTHER
15. MAIDEN NAME E. George
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Laura N. Owens

18. BURIAL, CREMATION, OR REMOVAL
PLACE Combs Cemetery Henry Co. DATE 7/10 1936

19. UNDERTAKER (ADDRESS) Ella J. Boulding

20. FILED 8-22 1936 Bernice Matagomery Nonwood Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1936, to July 8, 1936
I last saw him alive on July 8, 1936 Death is said to have occurred on the date stated above, at 10:45 P m.
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency

Date of onset

Other contributory causes of importance:

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) [signature], M. D.
(Address) Norwood Mo

[illegible] should be stated EXACTLY. PHYSICIANS should state [illegible] plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.