

NOV 20 1936

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

Do not use this space.

36749

1. PLACE OF DEATH

County BUCHANAN Registration District No. 85
Township Primary Registration District No. 1001
City ST. JOSEPH (No. 2.211, 50.4TH)

File No.
Registered No. 1277
St. Ward)

2. FULL NAME RONALD THOMAS OWEN

(a) Residence, No. 2.211 50.4TH 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. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 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) JULY 18, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 2 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CHILD
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) ST. JOSEPH, MISSOURI

FATHER 13. NAME ARTHUR CHARLES OWEN

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) ST. JOSEPH, MISSOURI

MOTHER 15. MAIDEN NAME PAULINE GOERKE

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) WATHENA, KANSAS

17. INFORMANT MRS. RONALD OWENS (ADDRESS) ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MTAUBURN CEM DATE OCT 10 1936

19. UNDERTAKER E. R. SIDENFADEN FUNERAL HOME (ADDRESS) ST. JOSEPH, MO.

20. FILED 10-10 1936 J. J. Nestlebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1936, to Oct 9, 1936
I last saw her alive on Oct 9, 1936. Death is said to have occurred on the date stated above, at 11:20 A.M.
The principal cause of death and related causes of importance were as follows:

Acute broncho-pneumonia

Other contributory causes of importance None

Name of operation None Date of
What test confirmed diagnosis? Clinical 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.....

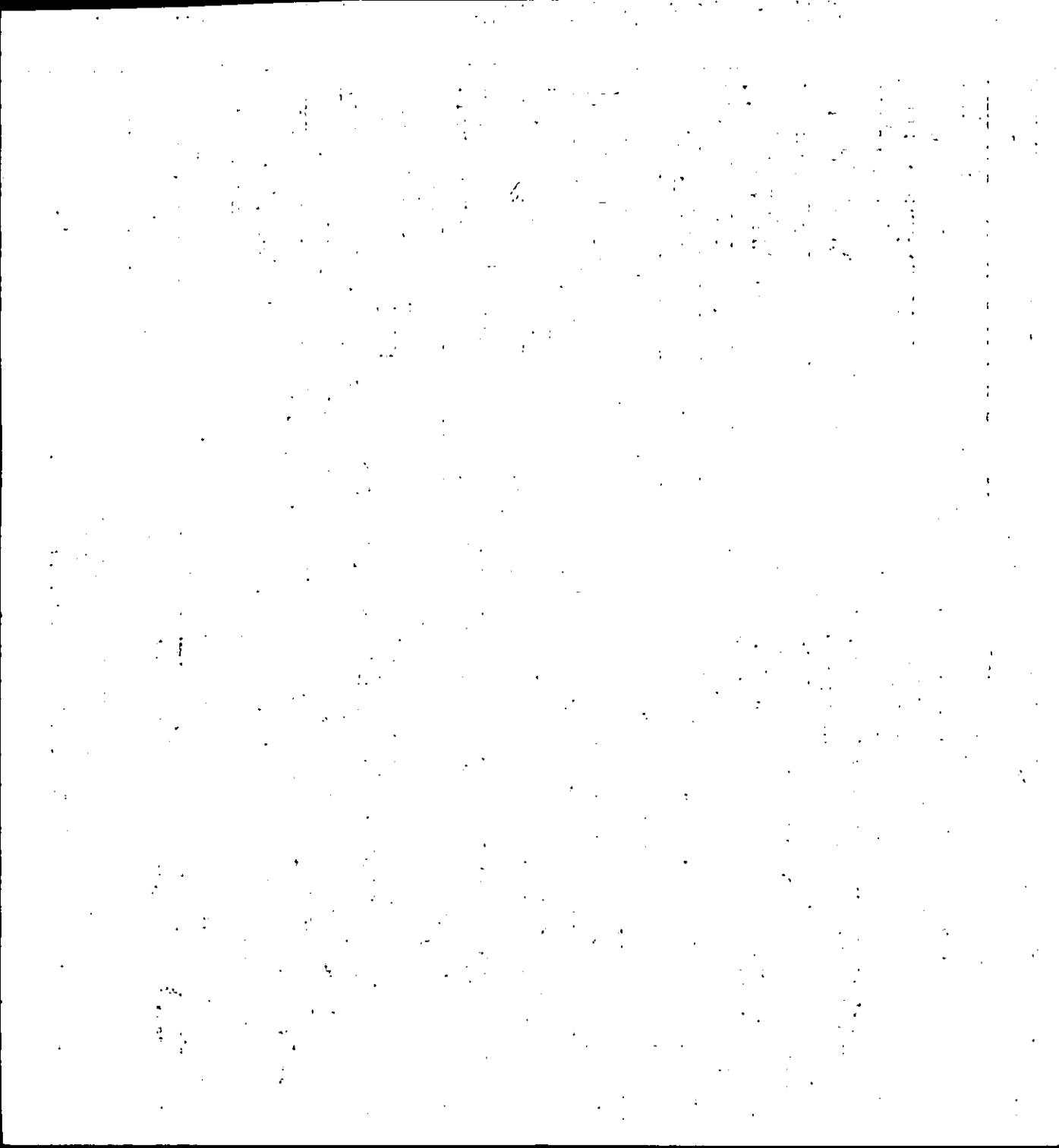
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Herold Beck, M. D.
(Address) 1121 1/2 E. 11th St. St. Joseph, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. NOTE should be stated exactly.



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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 83 File No.
 Township Primary Registration District No. 1001 Registered No. 1277
 City St. Joseph (No., St. Ward)

2. FULL NAME

Ronald Thomas Owen

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1936

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

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....

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

I last saw, alive on, 19.... Death is said to have occurred on the date stated above, at, m. The principal cause of death and related causes of importance were as follows:

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

Acute Broncho-Pneumonia

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

Other contributory causes of importance:
None
No complications

13. NAME

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19....

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury 107

PLACE DATE, 19....

Nature of injury

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?

20. FILED JAN 6 19 1937 A. H. Hestebush Registrar

If so, specify Leroy Brock Beck, M. D. (Signed) St. Joseph, Mo (Address)

Exact statement of OCCUPATION is very important. Every item of information should be properly classified, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified.

64149E-5