

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

Do not use this space.

FEB 17 1937

2006

1. PLACE OF DEATH
 + County Lafayette Registration District No. 464 File No. 18
 Township _____ Primary Registration District No. 4277 Registered No. 70
 City Odessa (No. 71) St. _____ (Ward) _____

2. FULL NAME Levi Joseph Owings
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE wh
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 7 30

8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 267

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) Mo.

13. NAME Joshua Owings

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

15. MAIDEN NAME Martha E. George

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

17. INFORMANT Earnest Owings
 (ADDRESS) Frank Valley Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Grove DATE 1/14 1937

19. UNDERTAKER Z. Webb
 (ADDRESS) Oak Grove Mo.

20. FILED 2-9-37 Mrs. E. M. Goodwin
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1936, to 1-12, 1937
 I last saw him alive on 1-11, 1937 Death is said to have occurred on the date stated above, at 6 A. m.
 The principal cause of death and related causes of importance were as follows:
Uremia
 Date of onset 1-7-37

Other contributory causes of importance:
Cardio-Renal Vascular Dec 12-37

Name of operation none Date of _____
 What test confirmed diagnosis? Urinal Was there an autopsy? n

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) W. E. Martin M. D.
 (Address) Odessa Mo.

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

