

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

CERTIFICATE OF DEATH

**FEB 8 1937**

Do not use this space.

**1. PLACE OF DEATH**

County \_\_\_\_\_  
Township \_\_\_\_\_  
City ST. LOUIS

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_  
(No. BARNES HOSPITAL)

**791**  
**1003**

File No. 3940  
Registered No. 979  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

WILLIAM JENNINGS OWENS.

(a) Residence, No. ST. MARY'S. Mo. Rt. 130 x 12. Ward. NR 1  
(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 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) MAY 5 - 1919.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>17</u>	<u>8</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMING.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1

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) CHARLESTON - Mo.

13. NAME LEANDER OWENS.

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

15. MAIDEN NAME ROSE MOLL.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SILVER LAKE - Mo.

17. INFORMANT Mr. Rose Moll.  
(ADDRESS) St. Marys - Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE ZION CEMETERY. DATE Jan. 22, 1937

19. UNDERTAKER Mr. M. Schumacher  
(ADDRESS) 4834 National Bridge

20. FILED 1-22, 1937 St. Bredeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20 . 1937.

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

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 12<sup>00</sup> MIDNIGHT

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

No hemorrhage due to compound fragmented fracture of skull suffered when thrown from horse at St. Marys Mo

Other contributory causes of importance:

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? Accident Date of injury 1/12, 1937

Where did injury occur? At St. Marys Mo

(Specify city or town, county and State)

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

Manner of injury See Above

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) Alfred J. Perry, M.D.

(Address) Dputy Coroner

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.

