

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.

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Bates*
Township *West Boone*
City *Brookhart*

Registration District No. *52*
Primary Registration District No. *4031*

File No. *11074*
Registered No. *3*

2. FULL NAME

Russell Owen

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) *Nov-16-1907*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
29 4 6

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

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

10. Date deceased last worked at this occupation (month and year) *Mar '37* 11. Total time (years) spent in this occupation *37*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kansas City Missouri*

13. NAME *Don't Know*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *(See note on other side)*

15. MAIDEN NAME *Don't Know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *(See note on other side)*

17. INFORMANT (ADDRESS) *N. F. Gingst*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Sharon Cem* DATE *Mar 24-37*

19. UNDERTAKER (ADDRESS) *J. H. Hayes*

20. FILED *Mar 25 1937* *Mrs. W. E. Tucker* Registrar

MEDICAL-CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 22 1937*

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

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ p.m.

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

Gunshot Wound self inflicted

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide *suicide*

Where did injury occur? *Merwin, Bates Co, Mo* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Shot himself on Railroad right of way*

Manner of injury *Gunshot Wound*

Nature of injury *of the Head*

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) *William D. Miller* M. D.

(Address) *Geo. W. Miller, Bates Co, Mo, Rich Hill, Mo.*

EXPLANATORY NOTATION.

This young man was adopted from a Kansas City Missouri institution when a few days old by H. Benton Owen and wife Anna Patterson Owen of Merwin Bates County Missouri and of course carried the name of OWEN, but his real blood parents are not known.

Mr. and Mrs. Owen are now both deceased. Mr. Owen hanged himself Feb. 22, 1922 and Mrs. Owen died Dec. 15, 1934 from an infection of the right hand and arm.

Signed


~~Edward J. Bradley~~ Director.

Mo.