

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

Do not use this space.

JUN 18 1937

19811

1. PLACE OF DEATH
25 County Clatsop Registration District No. 200
1 Township Forest Primary Registration District No. 3013
4 City Veneta (No. 2) St. _____ Ward _____

2. FULL NAME John F 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Lucy Owens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 5 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 1 2
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer-retired
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) Millsprings
Ind
13. NAME Newby Owens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
15. MAIDEN NAME Hannah Greer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT Max W Dunlap
(ADDRESS) Cameron Ind
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenland Ind DATE May 9th 1937
19. UNDERTAKER Oa Moon
(ADDRESS) Lawson Ind
20. FILED 578 1937 W. C. Bailey
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1937
22. I HEREBY CERTIFY, That I attended deceased from April 25 1937, to May 7 1937
I last saw him alive on May 6 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset _____
Other contributory causes of importance: 108
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: no
Accident, suicide, or homicide? no 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. no
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) M. L. Peters, M. D.
(Address) Cameron Ind

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

