

AUG 19 1937

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

Do not use this space.

26814

## 1. PLACE OF DEATH

County Callaway Registration District No. 104Township Fulton Primary Registration District No. 3008City Fulton (No. 1) St.          Ward)         File No.         Registered No. 1712. FULL NAME Le Roy Owen(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 ♂ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 18837. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 54 1 38. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith9. 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 18 6 212. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsburg Missouri13. NAME R. J. Owen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Susan Holt16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Walter Owen Fulton, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Williamsburg, Mo. DATE July 11 193719. UNDERTAKER (ADDRESS) Geo. H. Leal Fulton, Mo.20. FILED July 10 1937 R. N. Crews Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 193722. I HEREBY CERTIFY, That I attended deceased from June 20 1937 to July 10 1937I last saw          alive on July 9 1937 Death is said to have occurred on the date stated above, at 8 a.m.

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

Tuberculosis (Pulmonary) Date of onset         Other contributory causes of importance         Fractured Left HipName of operation          Date of         What test confirmed diagnosis?          Was there an autopsy?         23. If death was due to external causes (violence), also the following: Accident, suicide, or homicide          Date of injury         Where did injury occur Sanctum (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. SanctumManner of injury FallNature of injury Fractured Hip24. Was disease or injury in any way related to occupation of deceased?         If so, specify         (Signed)          M. D.(Address) Fulton Mo

