

AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH *Home* 2
 County *Home* Registration District No. *384*
 Township *Home* Primary Registration District No. *5535*
 City (No. St. Ward)
 2. FULL NAME *Mr. Eden Owen*
 (a) Residence, No. *County Home* Ward. (If nonresident, give city or town and State)
 (Usual place of abode) *West Plains*
 Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. *27366*
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) *Married*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Invalid for a number of years*

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) *Not known*

13. NAME *Not known*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

15. MAIDEN NAME *Not known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

17. INFORMANT *L. A. Bryan*
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *County Home* DATE *May 28, 1937*

19. UNDERTAKER *L. A. Bryan*
 (ADDRESS) *West Plains*

20. FILED *7-23* 1937 *Vida W. SIMONS Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 27, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *1935*, 19... to *May 27*, 19...
 I last saw him alive on *May 26*, 19... Death is said to have occurred on the date stated above, at *10* a.m.
 The principal cause of death and related causes of importance were as follows:
Arthritis Date of onset

Other contributory causes of importance: *5*

Name of operation Date of...
 What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

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) *J. W. Bingham*, M. D.
 (Address) *West Plains, Mo.*

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

