

OCT 20 1937

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

Do not use this space.

34282

1. PLACE OF DEATH

County Greene Registration District No. 320
Township Center Primary Registration District No. 544.3
City Springfield, Mo. 10 mi. W of city File No. 13
St. _____ Ward _____ Registered No. _____

2. FULL NAME

(a) Residence, No. Mrs. Mabel Owens Ward. _____
(Usual place of abode) Gainesville Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 3 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) June 25 - 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 1 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Lutia Mo.

MOTHER 13. NAME Harner T. Owens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halltown Mo.

15. MAIDEN NAME Etta K. Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lutie Mo.

17. INFORMANT H. T. Owens (ADDRESS) Gainesville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutie Mo. DATE Aug. 6 - 1937

19. UNDERTAKER (ADDRESS) Oliver LaMeyer
Springfield, Mo.

20. FILED 9/1 1937 Wm. E. Hoyal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1937

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

I last saw him dead alive on Aug 4, 1937 Death is said to have occurred on the date stated above, at 12 P m.

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

Compound fracture head (basal)
Fracture left humerus - crushing
injury of chest (left side) ribs
fracturing lungs - several lacerations
dealt & frank of chest

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? 210 MW Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury Aug 4, 1937
Where did injury occur? 1.2 miles west of Springfield Mo
on 66 (Specify city or town, county and State)

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

Manner of injury Automobile accident

Nature of injury _____

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

If so, specify _____

(Signed) J. P. Ferguson (Coroner) _____ M. D.

(Address) 542 - 2nd Arts Bldg

2/10 m

Handwritten notes, possibly a list or set of instructions, located in the upper middle section of the page.

Handwritten notes, possibly a list or set of instructions, located in the middle right section of the page.

Handwritten notes, possibly a list or set of instructions, located in the middle left section of the page.

Handwritten notes, possibly a list or set of instructions, located in the middle right section of the page.

Handwritten notes, possibly a list or set of instructions, located in the lower middle section of the page.

Handwritten notes, possibly a list or set of instructions, located in the lower right section of the page.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Greene Registration District No. 320
(b) Township Center Primary Registration District No. 5443 Registered No. _____
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Murl Owens

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane J. -

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 1 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov 24, 1937 Chas A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 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 _____ m.

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

Compound fracture head (base)
fracture left humerus (middle)
penetrating lung, severe
degeneration scalp and
trunk of chest
Other contributory causes of importance: _____

Name of operation _____ Date of _____
Parry's inc. cae

What test confirmed diagnosis? 210 Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident 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 automobile accident
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) J. P. Ferguson M.D. (Address) 542 med. sch. bldg.

SUPPLEMENTARY

