

NOV 18 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City St. C. Mo (No. 941 W. 32nd St)

Registration District No. 399  
Primary Registration District No. 1002

File No. 36527  
Registered No. 1050  
St. 350 Ward

2. FULL NAME Wendell Owen

(a) Residence, No. 941 W 32nd 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

3. SEX male 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Owen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/1/1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 45 1 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse & Mule

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

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) Missouri

13. NAME Franklin Owen

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

15. MAIDEN NAME Mittie G. Amyx

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

17. INFORMANT (ADDRESS) Mrs Ethel Owen

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin Mo DATE 10/1 1937

19. UNDERTAKER (ADDRESS) Time-McClure  
Kansas City Mo

20. FILED 10-1 1937 M. M. Crowe, Ass. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/30 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1937, to Sept 30 1937

I last saw him alive on 9/30 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Pulmonary Tuberculosis

23

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? specimen 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) Sam Hinder \_\_\_\_\_, M. D.

(Address) 719 med art Bldg  
St. C. Mo

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.

MAY 5 1949