JAN 15 1938

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

Do not use this space.

File No. 44574

Registered No. 192

Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH
County Audrain
Township ~~Saltriver~~
City Mexico Mo. (No. Audrain Hosptal St. Ward)

2. FULL NAME Monroe C Owen.
(a) Residence, No. Mexico Mo 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16-1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
75	5 6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
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) Pine Oak Mo 1

FATHER
13. NAME John R Owen. 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn 2

MOTHER
15. MAIDEN NAME Rebecca Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentuckey

17. INFORMANT Harry Owen
(ADDRESS) Demoin Iowa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mexico Elmwood Cem DATE 12-24- 1937

19. UNDERTAKER H A Precht & Son.
(ADDRESS) Mexico Mo.

20. FILED Dec 23 1937 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec ~~23~~ 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1937, to Dec 22 1937
I last saw him alive on Dec - 22 1937. Death is said to have occurred on the date stated above, at 10:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12/20/37 1937

252 131

Other contributory causes of importance:
~~Hypertention.~~
Chronic Brights disease
Dilitation of heart

Name of operation none 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) Paul E. Cox, M. D.
(Address) Mexico, 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.