

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 3540 Olive) St. Ward

File No. 1566
 Registered No. 254

2. FULL NAME

Oren Edward Owen 500

(a) Residence, No. 3540 Olive St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 51 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lillian B. Owen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1869

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|----------|----------------------------------|
| | <u>68</u> | <u>8</u> | <u>3</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.M. & St. P. R. R.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Stewartsville
 (STATE OR COUNTRY) Mo.

13. NAME Silas R. Owen

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

15. MAIDEN NAME Mary Kridelbaugh

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

17. INFORMANT Mrs. Lillian B. Owen
 (ADDRESS) 3540 Olive

18. PLACE OF EXCREMATION, OR REMOVAL
 PLACE Elmwood DATE 1/17/38

19. UNDERTAKER Freeman Mortuary & Chapel
 (ADDRESS) Kansas City, Mo.

20. FILED Jan 17 1938
M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/15/38, 1938, to 1/15/38, 1938.
 I last saw him alive on 1/15/38, 1938. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Cerebral hemorrhage.

Date of onset

Other contributory causes of importance:

paralysis agitante

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify
 (Signed) W. R. Ducker D.O. M. D.
 (Address) 2610 Drovers av.

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.

