

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

REC'D JUN 17 1938

18977
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 607
 (b) Township Portage Primary Registration District No. 4361 Registered No. 34
 (c) City Portageville (d) Street No. _____ St. _____
 (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

(a) Residence, No. Leo Ray Owen 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 (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22 1934
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 4 9
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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) Menita, Ark

FATHER 13. NAME Luther J. Owen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin County MO.

MOTHER 15. MAIDEN NAME Manda Jane Taylor
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gibson, MO.

17. INFORMANT Joh. Owen
 (ADDRESS) Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Portageville, Mo. DATE 6-1-38

19. FUNERAL DIRECTOR R. Payne
 (ADDRESS) Portageville, MO.

20. FILED 6-13 1938 May W. Carr
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1938, to June 1, 1938
 I last saw him alive on May 30, 1938. Death is said to have occurred on the date stated above, at 3:20 m.

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

"Ecolitis"
Bacillary Dysentery

Date of onset

5-20-38

Other contributory causes of importance: 13/10

Name of operation None Date of _____

What test confirmed diagnosis? None 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) R. C. Howard, M. D.
 (Address) Portageville, Mo.
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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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)