REC'D MAR 10 1939

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

Do not use this space.

8137

1. PLACE OF DEATH
County Wayne — Registration District No. 890 — File No.
Township St Francis — Primary Registration District No. 4539 — Registered No. 4
City Greenville (No. , St. Ward)

111
1
0

2. FULL NAME 510 George Washington Ownby
(a) Residence, No. 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Lenora Ownby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23-1866

7. AGE: YEARS 72 — MONTHS 5 — DAYS 16 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Mo 0

FATHER
13. NAME Andrew Ownby 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 1

MOTHER
15. MAIDEN NAME Jane White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) L F Ownby Greenville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE White Hollow Cem. DATE Jan-15 1939

19. UNDERTAKER (ADDRESS) Yates Und Co Piedmont Mo

20. FILED Feb 14 1939 Mabel Beasley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-13 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1938, to Jan 13 1939
I last saw him alive on Jan 12 1939 Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1937

Other contributory causes of importance:

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) O. A. Myers, M. D.
(Address) Greenville, Mo.

A. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor