

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.

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

Do not use this space.

AUG 14 1939

1. PLACE OF DEATH

County Bethu
Township Sedalia
City Sedalia (No.)

Registration District No. 668
Primary Registration District No. 3032

File No. 26497
Registered No. 220
St. Ward)

2. FULL NAME

Thomas Oliver Owensby

(a) Residence, No. 1600 E 9th Ave of AE Herrick
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, name of HUSBAND OR WIFE <u>Florence Owensby</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 30 1867</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>6</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>1933</u>		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liverpool England</u>		
13. NAME <u>Oliver Owensby</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
17. INFORMANT <u>A E Herrick-Kepner</u> (ADDRESS) <u>Sedalia Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethel Cem July 10 39</u>		
19. UNDERTAKER (ADDRESS) <u>E. L. Rogers & Co Cincinnati 39 Mo</u>		
20. FILED <u>7-13</u> 1939 <u>Anna Harry Sneed</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1939

22. I HEREBY CERTIFY, That I attended deceased from May 2 1939 to July 8 1939
I last saw him alive on July 8 1939. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral haemorrhage
with paralysis
93C

Other contributory causes of importance:
Atherosclerosis
Chronic myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Sorden Stauffer, M. D.
(Address) Sedalia Missouri

RECEIVED
District Health Officer No. 8,
District File Number 8739
Date Filed