

DEC 11 1939

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

38528  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township 1 Primary Registration District No. 1002  
 (c) City RE (d) Street No. 4404 Bell 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.

Registered No. 4292

2. PRINT FULL NAME

(a) Residence, No. 4404 Bell St.  (If nonresident, give city or town and State)  
501 DeWitt Owen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Owen  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9, 1866  
 7. AGE YEARS 73 MONTHS 1 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
 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) Louisville (STATE OR COUNTRY) Ky.

FATHER 13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) No Record (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME Smith 9

16. BIRTHPLACE (CITY OR TOWN) No Record (STATE OR COUNTRY) 9

17. INFORMANT Ada Owen (ADDRESS) 4404 Bell St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Nov. 10, 1939

19. FUNERAL DIRECTOR (NAME) Bentley Mortuary (ADDRESS) 5811 Forest St.

20. FILED 11-10-39 M. M. Ervine Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1939, to Nov 8, 1939

I last saw him alive on Nov 8, 1939 Death is said to have occurred on the date stated above, at 5:15 p.m.

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

Heart failure - failure in compensation

Date of onset Oct 30-31

95B

Other contributory causes of importance:

Hypertension - & general breaking down of the circulatory system

Name of operation \_\_\_\_\_ 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) Clyde Switzer, M. D.

(Address) 636 B. G. St. Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

