

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

Do not use this space.

38132

**1. PLACE OF DEATH**

County Lafayette  
Township Waverly  
City Harrisonville (No. \_\_\_\_\_)

Registration District No. 460  
Primary Registration District No. 5623-B

File No. \_\_\_\_\_  
Registered No. 74  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Robert C Owens

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 11, 1840

| 7. AGE | YEARS     | MONTHS   | DAYS     | If LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|----------|--|
|        | <u>91</u> | <u>2</u> | <u>2</u> |  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Clinton Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER John B Owens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn. USA

12. MAIDEN NAME OF MOTHER Nancy Thorp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Ky

14. INFORMANT Dr. Green Supt.  
(Address) \_\_\_\_\_

15. FILED 11-16-19-31 Leslie Porter  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 13 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931 to Nov 13, 1931 that I last saw him alive on Nov 13, 1931, and that death occurred, on the date stated above, at 8 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bronchial asthma  
107A  
112 (duration) several yrs. mos. ds.

CONTRIBUTORY Bronchial Pneumonia  
(SECONDARY) (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 107A  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) B. F. Boulton, M. D.

11-13-1931 (Address) Higginsville Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Concordia Ave DATE OF BURIAL 11/16 1931

20. UNDERTAKER W. H. Hedges ADDRESS Higginsville Mo

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

13/1931

