

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

32847

1. PLACE OF DEATH

43 County Henry
Township Big Creek
City Clinton (No. St. Ward)

Registration District No. 347
Primary Registration District No. 5491

File No.
Registered No. 65

2. FULL NAME

John George Owen

(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 36 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louisa Wadell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-11-1844

7. AGE YEARS 89 MONTHS 0 DAYS 2 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Kentucky

13. NAME David Owen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Sarah Anne Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Viola Maud Owen
P. O. Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fields Creek DATE 10-14-33

19. UNDERTAKER (ADDRESS) Seigns Funeral Home
Clinton, Mo.

20. FILED 10/18 1933 Ed C. Peelor
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13-1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1933, to Sept 29 1933

I last saw him alive on Sept 28 1933. Death is said

to have occurred on the date stated above, at m.

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

Chronic Interstitial Nephritis Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Chemical as 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.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

Manner of injury

Nature of injury

(Signed) J. B. Beatty, M. D.

(Address) Chilhowee 2620

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.

WRITE CAREFULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 10 1933

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