

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

Do not use this space.

37814

**1. PLACE OF DEATH**

County..... Registration District No. 7021  
Township..... Primary Registration District No. 3425  
City St. Louis (No. 2223a, Rutger St. Ward)

File No.....  
Registered No. 10518

**2. FULL NAME** Martin Luther Owens

(a) Residence, No. 2223a Rutger St. 22 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 10 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 Caroline Owens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 18-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 0 9

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road 114

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) Tennessee 2

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

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

17. INFORMANT Arthur Owens (ADDRESS) 2223a Rutger St

18. BURIAL, CREMATION, OR REMOVAL PLACE Lead Wood, Mo. DATE Nov 30 1932

19. UNDERTAKER A. W. McLaughlin (ADDRESS) 1651

20. FILED NOV 22 1932 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1932, to Nov 27, 1932. I last saw him alive on Nov 26, 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Pulmonary Tuberculosis (Date of onset about Nov. 1931)

Other contributory causes of importance:

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) J. J. Keaton, M. D.  
(Address) 343a. S. Jefferson

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.

