

Owens, Jeffery 1922 - 1949

Form V. B. 1-A		COMMONWEALTH OF KENTUCKY		State File No. 11480
FEDERAL SECURITY AGENCY		Department of Health		Registrar's No. 120
U. S. PUBLIC HEALTH SERVICE		BUREAU OF VITAL STATISTICS		
NATIONAL OFFICE VITAL STATISTICS		CERTIFICATE OF DEATH		
ORIGINAL		Registration District No. 520	Primary Registration District No. 5251	
1. PLACE OF DEATH a. COUNTY Flayel		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ky b. COUNTY Flayel		
b. CITY (If outside corporate limits, write RURAL and give township) Estill		c. CITY (If outside corporate limits, write RURAL and give township) Estill		c. LENGTH OF STAY (in this place)
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)		a. (First) Jeffery	b. (Middle)	c. (Last) Owens
4. DATE OF DEATH (Month) (Day) (Year) April 30 1949	5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 9-15-1922
9. AGE (In years last birthday) 27		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Leburn, Ky		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Walter Owens		14. MOTHER'S MAIDEN NAME Patsy Johnson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Walter Owens
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atresia of brain		INTERVAL BETWEEN ONSET AND DEATH 8 Mo.
*This does not mean the mode of dying, such as heart failure, asphemia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 342X - 80A		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Apr. 1 , 1949, to Apr. 30 , 1949 that I last saw the deceased alive on Apr. 29 , 1949, and that death occurred at 8 A.M. , from the causes and on the date stated above.				
23a. DATE SIGNED		23b. ADDRESS Wayland Ky.		23c. SIGNATURE (Degree or title) M. V. Hicker, M.D.
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/1/49		24c. NAME OF CEMETERY OR CREMATORY Family Cem.
24d. LOCATION (City, town, or county) (State) Warner Ky		25a. DATE REC'D BY LOCAL REG. 6-27-49		
25b. REGISTRAR'S SIGNATURE Ruby Kamsdell		25c. FUNERAL DIRECTOR E. W. Ryan ADDRESS Martin, Ky.		