

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

Do not use this space.

11218

**1. PLACE OF DEATH**

County Clark

Registration District No. 190

Township Kahoka

Primary Registration District No. 4113

City Kahoka

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Clara Rowe

(a) Residence. No. Williamstown Mo. 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**

Female

**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**

Pete Rowe

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

May 26 - 1883

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
43	10	9	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House Keepers

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Illinois

**10. NAME OF FATHER**

Robert adber

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ohio

**12. MAIDEN NAME OF MOTHER**

Julia Brown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Kentucky

**14.**

INFORMANT (Address)

Pete Rowe  
Williamstown, Mo

**15.**

FILED..... 19.....

7/17/27  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 19\_\_

**17.** I HEREBY CERTIFY, That I attended deceased from April 4, 1927, to April 4, 1927 that I last saw h. alive on, April 4, 1927, and that death occurred, on the date stated above, at 3 a.m.

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

Overseal  
Thrombosis  
Sudden  
(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

Did an operation precede death? No DATE OF \_\_\_\_\_

Was there an autopsy? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Morris Freeman, M.D.  
, 19 (Address)

\*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**

**DATE OF BURIAL**

Providence Cemetery

Apr 5 1927

**20. UNDERTAKER**

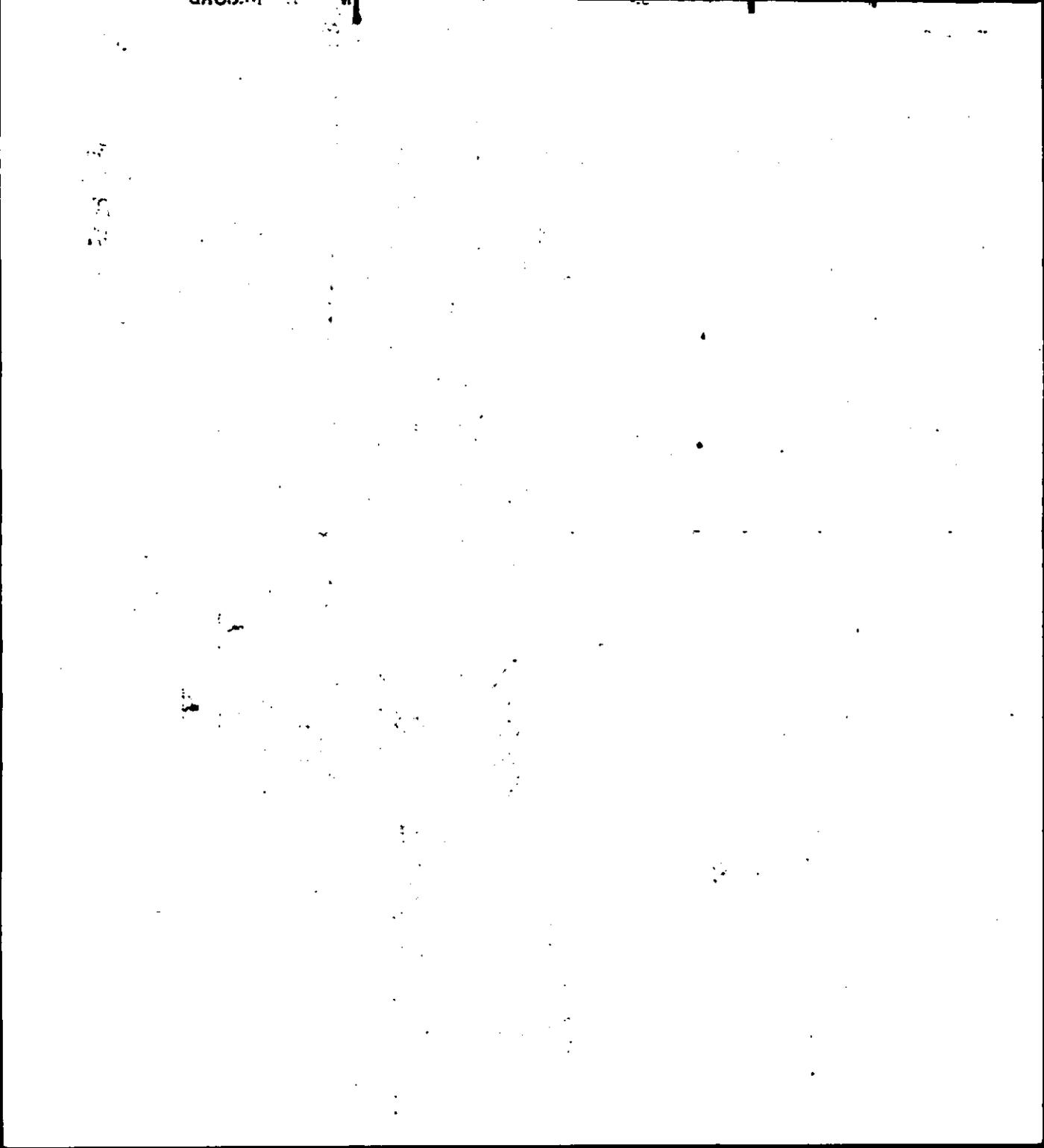
**ADDRESS**

Booth & Baker

Hyperdonas Mo

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.

APR 26 1927



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

Do not use this space.  
*April cert.*

**1. PLACE OF DEATH**

County Clark Registration District No. 190  
 Township Stahoka Primary Registration District No. 413  
 City Stahoka (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. Williamstown, Mo 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Pete Rowe  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26 - 1883  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 10 9  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1937  
 I, Dr. J. P. Thompson, HEREBY CERTIFY that I attended deceased from April 4, 1937, to April 4, 1937, that I last saw her alive on April 4, 1937, and that death occurred, on the date stated above, at 134 m.  
 THE CAUSE OF DEATH WAS AS FOLLOWS:  
Sudden (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.  
 18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Thomas Payman, M.D.  
 , 19 (Address)

**SUPPLEMENTAL**

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Illinois

**10. NAME OF FATHER**

Robert Edber

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ohio

**12. MAIDEN NAME OF MOTHER**

Julia Brown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Kentucky

**14. INFORMANT**

(Address) Pete Rowe  
Williamstown, Mo

**15. FILED**

45-27 J. D. Bridges  
 REGISTRAR

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Providence Cemetery DATE OF BURIAL Apr 5 19 37

**20. UNDERTAKER**

Geeth & Drake ADDRESS Wyaconda, Mo

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.

SECRET

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