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

Do not use this space.

24629

1. PLACE OF DEATH

County Jasper — Registration District No. 408 — File No. /

Township — Primary Registration District No. 3020 — Registered No. /

City Carthage (No. ..... St. ..... Ward)

2. FULL NAME Jennie Rowan

(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: A. W. Rowan

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 27-1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	7	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(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): Jackson County W. Virginia

PARENTS

10. NAME OF FATHER: Levi Douglas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Jackson Co. W. Virginia
12. MAIDEN NAME OF MOTHER: Sarah Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Jackson Co. W. Virginia

14. INFORMANT: A. W. Rowan
(Address) Breckenridge, Mo.

15. FILED Aug 6 1927 S. B. Clinton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 6th 1927

17. I HEREBY CERTIFY, That I attended deceased from July 29, 1927, to Aug 3, 1927, that I last saw her alive on Aug 5, 1927, and that death occurred, on the date stated above, at 11:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis

(duration) ..... yrs. 1 mos. 4 ds.

CONTRIBUTORY (SECONDARY): Carcinoma & Tumor Abdomen (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of death

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 1-1927

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) U S Chapman, M. D

8-6, 1927 (Address) Carthage 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: Breckenridge, Mo. — DATE OF BURIAL: Aug 8th 1927

20. UNDERTAKER: Kneel Mortuary — ADDRESS: Carthage

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.

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ame: Jennie Rowan

ho died at: Carthage, Mo, on Aug. 6, 1927,

esidence: No. _____ St. _____
(If nonresident, city or town)

ength of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Peritonitis

X Carcinoma of uterus

Contributory: Carcinoma and Tumor abdomen.

Where was disease contracted? _____