1928

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

Do not use this space.

34143

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No.
Township Tywappity — Primary Registration District No. 3030 — Registered No. 99
City Charleston (No. ... St. ... Ward)

2. FULL NAME Genevieve Rolwing Stewart
(a) Residence. No. East Commercial St., ... Ward. ...
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred about 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
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: J. Cade Stewart

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 31st, 1876

7. AGE: YEARS 51 | MONTHS 3 | DAYS 2 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(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): Thebes, Ill.

PARENTS
10. NAME OF FATHER: J. G. Rolwing
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany
12. MAIDEN NAME OF MOTHER: Mary Ollie Marchildon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Quebec Canada

14. INFORMANT X J. Cade Stewart
(Address) X Charleston Mo.

15. FILED Nov 3rd 1927 F S Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2 4 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR): November 2nd 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 2nd only, 19.., to ..., 19.., that I last saw her alive on Nov 2nd, 1927, and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular disease of heart 72A
118C
(duration) 1 yrs. 6 mos. ... ds.

CONTRIBUTORY (SECONDARY): Attack of acute indigestion
(duration) ... yrs. ... mos. 1 ds.

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? Physical symptoms
(Signed) A. W. Chapman, M. D
, 19 (Address) Charleston, 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: Calvary Cemetery — DATE OF BURIAL: 11-4 1927

20. UNDERTAKER: The Love Undertaking Co. — ADDRESS: Charleston, 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.

Chairman