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.

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

Do not use this space.

6733

1. PLACE OF DEATH

County ..... Registration District No. ~~1003~~ 791

Township ..... Primary Registration District No. .....

City St. Louis (No. ..... St. ..... Ward)

File No. .....

Registered No. 1559

2. FULL NAME Birdie A. (Rowlett) Rowlett

(a) Residence. No. 3659a Winsor St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Colored	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF John C. Rolett.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 18 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
44	1	24.	

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) Gadsden
(STATE OR COUNTRY) Alabama

PARENTS

10. NAME OF FATHER Munroe Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Alabama

12. MAIDEN NAME OF MOTHER Dont Know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Alabama

14. INFORMANT John C. Rowlett
(Address) 3659a Winsor Place

15. FILED ..... 19 ..... Max C. Harvey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1930, to Feb 11th, 1930 that I last saw her alive on Feb 11th, 1930 and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
59
132 B
..... (duration) 19 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Coma Uremia
..... (duration) ..... yrs. ..... mos. 3 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? Laboratory finding
(Signed) E. S. Bailey, M. D.
, 19 (Address) 1937 Franklin Ave

*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
Parta Ill.	2/14 1930
20. UNDERTAKER	ADDRESS
D. S. Williams	3232 Pine