

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

Do not use this space.

17585

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... St. Louis (No. 5204 Wells Ave. St. Ward)

File No.
 Registered No. 4667
 St. Ward)

2. FULL NAME Elizabeth Rowley

(a) Residence. No. 5204 Wells Ave. St. 6 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. A. Rowley 12-28-1843

6. DATE OF BIRTH (MONTH, DAY AND YEAR) (12/28/1844)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
86 4 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) Housewife
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Penbrake Dock
 (STATE OR COUNTRY) South Wales Eng.

10. NAME OF FATHER Finney
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Ann Logan
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) South Wales Eng.

14. INFORMANT (Address) 5204 Wells Ave.

15. FILED 19 May C. Sturley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10th/30

17. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1930, to May 10, 1930, that I last saw him alive on May 9, 1930, and that death occurred, on the date stated above, at 3:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

94A Arterio Sclerosis
97
 (duration) yrs. 3 mos. 7 ds.

CONTRIBUTORY (SECONDARY) Angina Pectoris
 (duration) yrs. 3 mos. 7 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 Clinical & Laboratory
 (Signed) J. M. Gibson, M. D.

5/10/30 (Address) 4337 Washington

*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

St. Peters Cem. 5/12/30
 20. UNDERTAKER ADDRESS 6175 Delmar

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.

DEPARTMENT RECORD

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