

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.

DEC 22 1930

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

Do not use this space.

360.27

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5554
City Independence (No. _____) St. _____ Ward _____

File No. _____
Registered No. 332
St. _____ Ward _____

2. FULL NAME

Charles Toliver Rowland

(a) Residence No. RR 3 St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs Nettie Rowland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 19-1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73-0-14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jackson Co
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Robert Rowland

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

12. MAIDEN NAME OF MOTHER Nancy Ritter

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

14. INFORMANT Thomas Rowland
(Address) Independence Mo RR 3

15. FILED 11-5-30 JL Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1930, to Nov 2, 1930.
that I last saw h. k. m. alive on Nov 2, 1930, and that death occurred, on the date stated above, at 2:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalitis following influenza
79B (duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) Influenza 7 (duration) yrs. mos. 5 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 checked
(Signed) [Signature], M. D.
11-5-1930 (Address) Independence, 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 Woodlawn DATE OF BURIAL Nov 5 1930

20. UNDERTAKER ONE Mitchell ADDRESS Independence

