

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

Do not use this space.

16320

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

City Registration District No. **1008**

City **St Louis**

No. **City of Hospital**

File No.

Registered No. **4812**

St.

Ward)

2. FULL NAME

Nora Rowlett

(a) Residence. No. **2632**

Lanston St.

21

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Alanya Rowlett

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

about 41

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(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)

Kentucky

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14. INFORMANT

(Address)

**Alanya Rowlett
2632 Lanston Blvd**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Paducah, Kentucky

Apr 22, 1931

15. FILED

22 1931

J. W. Hughes

REGISTRAR

20. UNDERTAKER

J. W. Hughes

ADDRESS

2620 Lanston

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

4/18 1931

17.

I HEREBY CERTIFY, That I attended deceased from **4/11**, 19**31** to **4/18**, 19**31**

that I last saw him alive on **4/18**, 19**31**, and that death occurred, on the date stated above, at **8 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Infarction

CONTRIBUTORY (SECONDARY)

Carcinoma of Right Ovary

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Did an operation precede death? DATE OF

Was there an autopsy?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. W. Hughes**, M. D.

, 19 (Address) **214 Pratts Bldg**

*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.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

7. 1. 1911