

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

Do not use this space.

**1. PLACE OF DEATH**

County Johnson Registration District No. \_\_\_\_\_  
Township Frank Primary Registration District No. \_\_\_\_\_  
City St. Charles (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Case  
1798  
File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

August Johnson Rowe  
(a) Residence. No. 104 H. Chevrolet St., \_\_\_\_\_ 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**

1. SEX Male  
2. AGE 54  
3. COLOR OR RACE Negro  
4. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow  
5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown  
7. OCCUPATION OF DECEASED Porter  
(a) Trade, profession, or particular kind of work  
(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) St Paul Ken  
10. NAME OF FATHER Boris Thompson  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kent  
12. MAIDEN NAME OF MOTHER Victoria Kiever  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Adair County

14. INFORMANT Victoria M. Rowe  
(Address) P. F. D. H. T. C. Frank.

15. FILED 5/9 1937 Wm. C. Crowl REGISTRAR  
ass't

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-7-37  
17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Assicide Firearm  
173  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) 173  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
(Signed) Wm. C. Crowl M. D.  
7/3/19 (Address) Blue Ridge Town

\*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 Blue Ridge Town  
DATE OF BURIAL 5/11 1937

20. UNDERTAKER J. W. Ficklin  
ADDRESS 1215 Vine

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.

