

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

Do not use this space.

1931

1. PLACE OF DEATH

County Wodaway
Township Park
City Maryville (No. _____)

Registration District No. 625
Primary Registration District No. 3031

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>B R Rowley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 17 - 1850</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>8</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlottesville, Va. 4. 2

13. NAME Frederick Albert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 318

15. MAIDEN NAME Susan Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Miss Mae Rowley, Maryville, Mo.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Miriam Cemetery DATE Jan 3 1932

19. UNDERTAKER Prie Bros Co, Maryville, Mo.
(ADDRESS)

20. FILED 1-4 1932 Meddie C. Clardy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1 1932

22. I HEREBY CERTIFY, That I attended deceased from June 12th 1926, to Jan 1st 1932
I last saw her alive on Jan 1st 1932 Death is said to have occurred on the date stated above, at 11:40 P.m.

The principal cause of death and related causes of importance were as follows:
Chronic Rheumatism Date of onset 1923
82 B
57 B 92 B
Other contributory causes of importance:
Cerebral Thrombosis (12-20-31)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) L. D. Dean M. D.
(Address) Maryville Mo.

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.

FEB 25 1932

34
90
7

