

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

Do not use this space.

18881

1. PLACE OF DEATH

15 County Camden
Township Adair
City Chimney Springs No. _____

Registration District No. 118
Primary Registration District No. 5169

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

NEW KNOWN Rowland

(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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Chimney Springs;
(STATE OR COUNTRY) Missouri

13. NAME Philander Coleman Rowland

14. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY)

15. MAIDEN NAME Lona Keltner

16. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY)

17. INFORMANT P. C. Rowland Chimney Springs
(ADDRESS) MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Chimney Cemetery DATE June 14 1932

19. UNDERTAKER (ADDRESS) _____

20. FILED 6/15 1932 Helen M. Jackson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14th 1932

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m. X
The principal cause of death and related causes of importance were as follows:

2:30 P
new known had no attending physician
Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____

(Signed) _____, M. D.

(Address) _____

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. JUNE 22 1932

