

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

Do not use this space.

28944

1. PLACE OF DEATH

County Franklin
Township Central
City Franklin

Registration District No. 294
Primary Registration District No. V-409-10

File No. _____
Registered No. 48
St. _____ Ward _____

2. FULL NAME Edward Leo Rowden

(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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>		
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 7 1921</u>				
7. AGE	YEARS <u>10</u>	MONTHS <u>9</u>	DAYS <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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. <u>Child</u>			
	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) <u>Mason City Ill 2</u>				
FATHER	13. NAME <u>Frank Rowden</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Auburn Ill</u>				
MOTHER	15. MAIDEN NAME <u>Frances Runkles</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dehuan Ill</u>				
17. INFORMANT <u>Frances Rowden</u> (ADDRESS) <u>St. Clair mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. John</u> DATE <u>9-28 32</u>				
19. UNDERTAKER <u>Chas. J. Cooney</u> (ADDRESS) <u>St. Clair mo.</u>				
20. FILED <u>9/28</u> 19 <u>32</u> <u>W. E. H. H. Cooney</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on Sept 24 1932. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Accidental struck by Automobile on Highway 6.6 near St. Clair mo
Fracture Neck

Other contributory causes of importance: _____

Date of onset 2 or 3

Name of operation 210 Date of 5

What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 24 1932
Where did injury occur? Highway 6.6 near St. Clair mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway 6.6 near St. Clair mo
Manner of injury Fracture of neck
Nature of injury Accident

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Thos. S. Shaffer Coroner
(Address) Jullum mo

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.

OCT 25 1932

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