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 30 1932

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

Do not use this space.

31124

1. PLACE OF DEATH

County Schuyler — Registration District No. 806 — File No.

Township ~~Prarie~~ — Primary Registration District No. 4485 — Registered No.

City Queencity Mo, (No. ..... St. ..... Ward)

2. FULL NAME Alcie Jane ~~Brower~~ Rawson

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 1844

7. AGE: YEARS 88 — MONTHS 2 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Jimtown Mo, 1

FATHER

13. NAME Mr William Brower

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo,

MOTHER

15. MAIDEN NAME Sarah Rhodes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo,

17. INFORMANT (ADDRESS) Mrs Thompson Queencity Mo,

18. BURIAL, CREMATION, OR REMOVAL PLACE Queencity Cem, DATE Sept 16 1932

19. UNDERTAKER (ADDRESS) William N. West Queencity Mo,

20. FILED 9/16/ 1932 J T Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1932, to Sept 14, 1932

I last saw her alive on Sept 14, 1932. Death is said to have occurred on the date stated above, at 9 P.m.

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

Infirmities of Age 162 162

Date of onset

Other contributory causes of importance: 0

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? .....

If so, specify .....

(Signed) Geo King, M. D.

(Address) Queen City Mo