

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.

NOV 28 1932

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

Do not use this space.

33219

1. PLACE OF DEATH
 County Pike Registration District No. 689
 Township Louisiana Primary Registration District No. 3033
 City Louisiana (No. Frankford Road) St. Ward

2. FULL NAME Virgil Rowley
 (a) Residence, No. Frank 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/17-72

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>60</u>	<u>4</u>	<u>12</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 72

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) Pike Co Mo 1/4

13. NAME Ross Rowley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (2) 31

15. MAIDEN NAME Margaret Givens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (2) (1)

17. INFORMANT Mrs Virgil Rowley
(ADDRESS) Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisiana Mo DATE 11/2 32

19. UNDERTAKER (ADDRESS) W. H. Kearney

20. FILED 10/31 32 W. H. Kearney Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/30 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/26 1932 to 10/30 1932
 I last saw him live on 10/30 1932 Death is said to have occurred on the date stated above, at 8:45 m.
 The principal cause of death (and related causes of importance were as follows:
Lobar pneumonia Date of onset 10/8

Other contributory causes of importance: 10/8

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) W. H. Kearney M. D.
 (Address) Louisiana Mo

Baptist -

January 2nd p