

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

Do not use this space.

38798

1. PLACE OF DEATH

17 County Carroll Registration District No. 135
Township New Creek Primary Registration District No. 5190
City..... No. St. Ward)

File No.
Registered No. 77

2. FULL NAME

Fred C. Rowold
(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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>anna a Rowold</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-26-1862</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>2</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer 131</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>137</u>		
10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation. <u>135</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Horse 2</u>		
13. NAME <u>Fred Rowold</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>		
15. MAIDEN NAME <u>Caroline Hoester</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs F C Rowold</u> (ADDRESS) <u>Carroll Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>12-14</u> 19 <u>32</u>		
19. UNDERTAKER <u>Wells Funeral Home</u> (ADDRESS) <u>Carroll Mo</u>		
20. FILED <u>12-14</u> 19 <u>32</u> <u>Mrs E. Farnham</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 - 82 1932 to Dec 17 1932
I last saw him alive on Dec 12 1932 Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
Interstital nephritis - Chronic Prostatitis - cystitis -
Date of onset

Other contributory causes of importance: 132 ①

23. 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) A M Gussaw M. D.
(Address) Carroll 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.

JAN 23 1933

