

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.

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

Do not use this space.

62

1. PLACE OF DEATH

2 County Andrew Registration District No. 16 File No. ....  
Township Rochester Primary Registration District No. 5020 Registered No. 3  
City Helena, Mo. (No. 2 M. SO. E. of Helena, Mo.) St. .... Ward)

2. FULL NAME

James Enoch Rowbotham

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

PERSONAL AND STATISTICAL PARTICULARS

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 Alnetta Rowbotham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 19, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
75 0 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer & Bldg. Contractor  
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) 1917 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.

13. NAME Enoch Rowbotham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nottingham, Eng.

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nottingham, Eng.

17. INFORMANT (ADDRESS) Mrs. Alnetta Rowbotham Helena, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cemetery DATE Jan, 25, 1933

19. UNDERTAKER (ADDRESS) Walter McHugher 130-2 Faraon St. St. Joseph, Mo.

20. FILED Jan 24 1933 Mrs. Betie Boggs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 23, 1933 '19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22nd, 1933, to Jan. 23rd, 1933. I last saw him alive on Jan. 23rd, 1933. Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Valvular lesion of heart

928 705

POW

Other contributory causes of importance:

Encephalitis

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? No.....

If so, specify .....

(Signed) Horris P. Patton ....., M. D.

(Address) Helena, Missouri

