

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

Do not use this space.

1080
64

1. PLACE OF DEATH

39 County Greene Registration District No. 944 File No. 1080
Township Jackson Primary Registration District No. 5747 B Registered No. 64
City Jackson (Pop.) St. Ward

2. FULL NAME

(a) Residence, No. 2 George Washington Rowe Ward 2.
(Usual place of abode) Maple Street (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>Male</u>	4. COLOR OR RACE <u>White</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>Beela Rowe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 17-1867</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>9</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	
	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) <u>1931</u>	11. Total time (years) spent in this occupation. <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greene Co Mo</u>		
MOTHER FATHER	13. NAME <u>James M. Rowe</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Cella Adkins</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>		
17. INFORMANT (ADDRESS) <u>E. E. Rowe Springfield Mo R75 #10</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty Church</u> DATE <u>Jan 7 1933</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Focht</u>		
20. FILED <u>Jan 10 1933</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5 1933

22. I HEREBY CERTIFY That I attended deceased from June 4 1932 to Dec. 31 1932
I last saw him alive on Dec. 31 1932 Death is said to have occurred on the date stated above, at 9:57 a.m.

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

Chronic Nephritis
Myocardial degeneration
Date of onset 1932

Other contributory causes of importance:

131
930

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? No
If so, specify

(Signed) W. H. Focht, M. D.
(Address) Springfield Mo

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 9 1933

