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.

JUN 24 1933

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

Do not use this space.

18695

1. PLACE OF DEATH
106 County Taney — Registration District No. 859
1 Township — Primary Registration District No. 2128 — File No. 20
6 City Branson (No. ..., ... St. ..... Ward) — Registered No. .....

2. FULL NAME Edgar Lee Rowland

(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 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6th 1932

7. AGE YEARS — MONTHS 7 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Branson Mo —

FATHER
13. NAME Fann E. Rowland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Branson Mo.

MOTHER
15. MAIDEN NAME Etta Rachel Bell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Branson Mo.

17. INFORMANT (ADDRESS) F. E. Rowland, Branson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Branson County DATE May 16 1933

19. UNDERTAKER (ADDRESS) R O Whitehead Branson

20. FILED 5/16 1933 P. A. Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1933, to May 15, 1933
I last saw him alive on May 14, 1933. Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute colitis	2 days
1193 119	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? None 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) Harry T. Evans, M. D.
(Address) Hollister Mo.