

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.

JUN 22 1933

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

Do not use this space.

1. PLACE OF DEATH  
 28 County Crawford Registration District No. 130  
 Town Belton Primary Registration District No. 5312  
 City Belton, Mo. (No. ....) St. .... Ward)  
 2. FULL NAME Audrey J. Rowland  
 (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.

19285

File No. ....  
 Registered No. ....  
 St. .... Ward)

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>Nancy E. Rowland</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 24 1857</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>2</u>
	DAYS <u>9</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>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	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) <u>Franklin, Co. Mo.</u>		
MOTHER	13. NAME <u>Joseph Rowland</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belton, Mo.</u>	
	15. MAIDEN NAME <u>Sallie Ann Woodruff</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Effie Rowland</u> (ADDRESS) <u>Belton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cross Cem.</u> DATE <u>June 5 1933</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Houser</u>		
20. FILED <u>June 5 1933</u> <u>J. G. Lester</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1933

22. I HEREBY CERTIFY That I attended deceased from June 3 1933 to June 3 1933  
 that saw him alive on June 30 1933. Death is said to have occurred on the date stated above, at 6:10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Myocardial Infarction  
Hypertension  
 Date of onset 8-2-10

Other contributory causes of importance:  
—

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Cardiograph Was there an autopsy? No.

23. If death was due to external causes (violence), fill in as follows:  
 Accident, suicide, or homicide? ..... Date of injury .....  
 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. G. Lester, M. D.  
 (Address) Belton, Mo.

