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.

FEB 27 1934

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

Do not use this space.

3184

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 843

City St Louis (No. 5397 Waterman Av St. ..... Ward)

2. FULL NAME Ellen K Rowan

(a) Residence, No. ..... St., 1V 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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1863

7. AGE YEARS 71 MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

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) St Louis

FATHER

13. NAME John Kenney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Helen T Rowan 5397 Waterman Av

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Jan 24 1934

19. UNDERTAKER (ADDRESS) Arthur J Donnelly U 60 8840 Lindell Av

20. FILED ..... 19.. J S Biedick Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21st, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3rd, 1933, to January 21st, 1934

I last saw her alive on January 21st, 1934. Death is said to have occurred on the date stated above, at 8 05 a.m.

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

	Date of onset
Chronic Myocarditis Senile sensal yrs. also acute exacerbation & a chronic bronchitis	1/12/34
Other contributory causes of importance: Emotional Stress from grief & worry Loosing of death Oral daughters & sons during past year	Past year

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) Elsworth S Smith, M. D.

(Address) 3720 Washington Av

Elsworth [illegible]
3720 Washington
Je 5440