

MAY 25 1934

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

Do not use this space.

12942
1693

1. PLACE OF DEATH

County Jackson
Township Ross
City Rossville (No. San Hospital)

Registration District No. 1000
Primary Registration District No. San Hospital

File No. 12942
Registered No. 1693
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward. Marion Rowntree
(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 5 - 1903</u>				
7. AGE YEARS <u>31</u>	MONTHS <u>1</u>	DAYS <u>8</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>none</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)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joliet Kansas</u>				
FATHER	13. NAME <u>John A. Hall</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>				
MOTHER	15. MAIDEN NAME <u>Marion Bowman</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Massachusetts</u>				
17. INFORMANT <u>Leona E. Hatcher</u> (ADDRESS) <u>Marion Rowntree</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill Cem</u> DATE <u>4/14</u> 19 <u>34</u>				
19. UNDERTAKER <u>A. Schultz</u> (ADDRESS) <u>701 South 5th</u>				
20. FILED <u>4-14</u> 19 <u>34</u> <u>M. M. Crowe</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) 4/13/34 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ 1934 to _____ 1934
I last saw h. _____ alive on _____ 1934 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Purpura Hemorrhagica Date of onset 7/14

Other contributory causes of importance: no

Name of operation _____ Date of _____
What test confirmed diagnosis Purpura Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1934
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) [Signature] (Address) [Address]

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.

1-20

