

DEC 21 1935

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

Do not use this space.

36970

## 1. PLACE OF DEATH

County ShelbyRegistration District No. 678Township St. JamesPrimary Registration District No. 5904

City (No. )

St. (Ward)

## 2. FULL NAME

Margaret Rowland

(a) Residence, No. St. Ward.

Length of residence in city or town where death occurred 15 yrs. -   mos. -   ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## 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>Married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. E. Rowland</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-20-1872</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>11</u>	DAYS <u>2</u>
		IF LESS than 1 day, .....hrs. or .....min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</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>11-10-1935</u>		11. Total time (years) spent in this occupation <u>31 yr.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. James Mo.</u>		
13. NAME <u>Louis Morrison</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crawford Co. Mo.</u>		
15. MAIDEN NAME <u>Elizabeth Powell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>		
17. INFORMANT <u>J. E. Rowland</u> (ADDRESS) <u>St. James Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>basement cem.</u> DATE <u>11-24</u> 19 <u>35</u>		
19. UNDERTAKER <u>W. E. Richler</u> (ADDRESS) <u>St. James Mo.</u>		
20. FILED <u>11-28</u> 19 <u>35</u> <u>Miss W. J. Houb</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>11-22</u> 19 <u>35</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 14</u> 19 <u>35</u> to <u>Nov. 20</u> 19 <u>35</u> . I last saw <u>her</u> alive on <u>Nov. 20</u> 19 <u>35</u> . Death is said to have occurred on the date stated above, at <u>2 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Suppurated blood stream</u> <u>apparently for Venereal</u> <u>obstruction of colon.</u> <u>12261</u> Other contributory causes of importance: <u>Post-operative fecal impaction</u> <u>dragging of uterus 1934</u> <u>(adhesions) peritonitis</u> Name of operation <u>Polycystomy</u> <u>peritonitis</u> What test confirmed diagnosis <u>Smear</u> Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury <u>No</u> 19 <u> </u> Where did injury occur? <u>No</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>No</u>
Manner of injury <u>No</u> Nature of injury <u>No</u>
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>No</u> (Signed) <u>E. A. Scott</u> M. D. (Address) <u>St. James Mo.</u>

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.

