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.

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

Do not use this space.

11552

File No. 7

Registered No. 1

MAR 23 1936

1. PLACE OF DEATH
County Barton
Township Jackson
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 542
Primary Registration District No. 5731

2. FULL NAME Milford Arwine Rowden

(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 x yrs. x mos. 12 ds. How long in U. S., if of foreign birth? x yrs. x mos. x ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nancy Rowden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 24, 1879

7. AGE: Years 56 | Months 6 | Days 19 | If LESS than 1 day, x hrs. or x min.

OCCUPATION

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

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): Sept. 1935

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller County, Mo.

FATHER

13. NAME: John Rowden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Elmer Rowden
(ADDRESS) Meta, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vienna DATE 3/14/ 1936

19. UNDERTAKER: Neighbors & Relatives
(ADDRESS)

20. FILED 3/13/ 1936 Lorenzo McCrite
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1936, to March 12, 1936

I last saw him alive on March 12, 1936 Death is said to have occurred on the date stated above, at 7 a. m.

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

	Date of onset
Menengitis, cause or type undetermined.	3-8-'36

Other contributory causes of importance:

Name of operation x Date of x

What test confirmed diagnosis? x Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? x Date of injury x, 19x

Where did injury occur? x
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
x

Manner of injury x

Nature of injury x

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify x

(Signed) [illegible] M.D.

(Address) Drinktown, Mo.