OCT 21 1936

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

Do not use this space.

25-489-2

1. PLACE OF DEATH

County Bollinger — Registration District No. 69 — File No.

Township Wayne — Primary Registration District No. 5108 — Registered No.

City ~~Zalma,~~ (No. , St. Ward)

2. FULL NAME David Wilson Rowe

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Rowe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9th 1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
80	1	4	

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zalma, Mo,

FATHER

13. NAME Enoch Rowe,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina.

MOTHER

15. MAIDEN NAME Dont Know.

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

17. INFORMANT (ADDRESS) Mr Arthur Rowe Zalma, Mo,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Beatty Cemetery DATE July, 15, 1936

19. UNDERTAKER (ADDRESS) A. J. Baker Lutesville, Mo,

20. FILED Oct 9 1936 Mrs J A Berry Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from July 1, 1936, to July 13, 1936
I last saw her alive on July 1, 1936. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

Leaky Heart or (Chronic Myocarditis)

Date of onset

Other contributory causes of importance: Hot weather

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ 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) E. L. Elmore, M. D.
(Address) Puxico, Mo.

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.

100M-11-24-33