

NOV 17 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Rolla
 Township Jasper
 City Rolla (No.)

Registration District No. 912
 Primary Registration District No. 5960B

File No. 38745
 Registered No. 31
 St. Ward

2. FULL NAME Nannie Suower

(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 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 H. H. Suower
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17-1837
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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) Pike Co. Mo.
(STATE OR COUNTRY)13. NAME Zachariah Lovelace14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)15. MAIDEN NAME Polly Lovell16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)17. INFORMANT Mrs. L. J. James
(ADDRESS) Rolla, Mo.18. BURIAL, CREMATION, OR REMOVAL Rolla Cemetery DATE Oct 4 193619. UNDERTAKER Grace Taylor
(ADDRESS) Rolla, Mo.20. FILED 10/3 1936 Clare E. Withlock
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1936, to Oct 2 1936
 I last saw her alive on Oct 2 1936 Death is said

to have occurred on the date stated above, at 5:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach Date of onset

Other contributory causes of importance:

Arterio-sclerosis
Arterio-sclerosis
Chronic Stomach Intestinal Ulcers

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

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) Dr. R. L. Marshall M. D.(Address) Rolla, Mo.

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.

