NOV 4 1936

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

Do not use this space.

File No. 39647
Registered No. 10692

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City ST. LOUIS MO. (No. 2207 HADLEY. STR. St. ..... Ward)

2. FULL NAME NETTIE ROWDEN.

(a) Residence, No. 2207 HADLEY St., 26 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	WIDOWED

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE OF~~ ROBERT ROWDEN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 9 = 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) RICHWOODS (STATE OR COUNTRY) MO.

FATHER

13. NAME PASCAL BOYER
14. BIRTHPLACE (CITY OR TOWN) DONT KNOW (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME BRIDGET MONDAY
16. BIRTHPLACE (CITY OR TOWN) DONT KNOW (STATE OR COUNTRY)

17. INFORMANT [illegible] (ADDRESS) 2508 N Hadley

18. BURIAL, CREMATION, OR REMOVAL
PLACE HERCULANEUM MO DATE OCT 27TH, 1936

19. UNDERTAKER BROCKLAND L&H. CO. (ADDRESS) 1421 N. 9 STR.

20. FILED OCT 28 1936, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT 23RD, 1936

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 1936, to Oct 23 1936, 1936.
I last saw her alive on Oct 23 1936, 1936. Death is said to have occurred on the date stated above, at 5:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Heart Disease.	6 yrs.

Other contributory causes of importance: None

Name of operation None Date of .....
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 19.....
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [illegible], M. D.
(Address) 535 Missouri Bldg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD