

DEC 8 1936

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

Do not use this space.

42156

## 1. PLACE OF DEATH

County phelps  
Township Rolla  
City Rolla (No. \_\_\_\_\_)

Registration District No. 677  
Primary Registration District No. 4403

File No. \_\_\_\_\_  
Registered No. 132  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Jenkins Dowling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 29, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 8 20

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) Phelps Co Missouri13. NAME Don't know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "15. MAIDEN NAME D.K.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "17. INFORMANT Mrs. Della Hycuff (ADDRESS) Rolla Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Mo DATE 11/20 193619. UNDERTAKER Mrs. Harry McCaro (ADDRESS) Rolla Mo20. FILED Nov. 20, 1936 Joseph P. Ryan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/19 1936I HEREBY CERTIFY, That I attended deceased from June 1935 to Nov. 17 1936I last saw him alive on Nov 18 1936 Death is saidto have occurred on the date stated above, at 39 m.

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

Carcinoma Mouth Date of onset 1935Other contributory causes of importance W

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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) William H. Starnes M. D.(Address) St. James, 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.

