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.

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

DEC 28 1936

Do not use this space.

45452

1. PLACE OF DEATH
County Macon — Registration District No. 527 — File No.
Township — Primary Registration District No. 5703 — Registered No.
City Bevier (No. ... St. ... Ward)

2. FULL NAME John P. Rowall
(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: 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: Mary Rowall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3 – 11 – 1870

7. AGE: YEARS 66 — MONTHS 8 — DAYS 20 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Mine Supt.
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): Bevier Mo

FATHER
13. NAME: John Rowall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales

MOTHER
15. MAIDEN NAME: Mariana Cole
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Dave Salisbury Bevier Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: East Oakwood DATE: 12 – 3 1936

19. UNDERTAKER (ADDRESS): H. G. Edwards Bevier Mo

20. FILED: Dec 5 1936 Edw Simpson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12 – 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1936, to Dec 1, 1936
I last saw him alive on Nov 30, 1936. Death is said to have occurred on the date stated above, at 5 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	?

Other contributory causes of importance:

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) J. P. Conaway, M. D.
(Address) Macon Mo

CERTIFICATE OF DEATH

STATE OF NEVADA

PERSONAL AND STATISTICAL PARTICULARS

2. SEX
3. COLOR OR RACE
4. SINGLE, MARRIED, WIDOWED, OR DIVORCED
5. DATE OF BIRTH (MONTH, DAY, AND YEAR)
6. AGE — YEARS — MONTHS — DAYS
7. OCCUPATION
8. KIND OF BUSINESS OR INDUSTRY
9. BIRTHPLACE (CITY OR TOWN)
10. BIRTHPLACE (STATE OR COUNTRY)
11. FATHER'S NAME
12. BIRTHPLACE (CITY OR TOWN)
13. BIRTHPLACE (STATE OR COUNTRY)
14. MAIDEN NAME
15. BIRTHPLACE (CITY OR TOWN)
16. BIRTHPLACE (STATE OR COUNTRY)
17. HAVE YOU PROOF OF DEATH?
18. HOW LONG DECEASED IN THIS COUNTY?
19. HOW LONG DECEASED IN THIS STATE?
20. WHERE DECEASED?
21. DATE
22. NAME OF DECEASED

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (MONTH, DAY, AND YEAR)
24. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM
25. DATE LAST SAW ALIVE
26. CAUSE OF DEATH
27. DURATION
28. WHERE DID DEATH OCCUR?
29. DID ACCIDENT OR VIOLENCE CONTRIBUTE TO DEATH?
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