JAN 20 1937

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

Do not use this space.

46556

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. St. Lukes Hospital St. ..... Ward)

File No. ..... Registered No. 12346

2. FULL NAME ORBIE B ROWE

(a) Residence, No. ..... St., NR Ward. Terre Haute, Indiana
(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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17th, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	43	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Missouri

FATHER

13. NAME Sampson Hudson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Augusta Hostelton

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

17. INFORMANT Rushton Rowe
(ADDRESS) Terre Haute, Indiana

18. BURIAL, CREMATION, OR REMOVAL
PLACE Terre Haute, Ind. DATE December 19, 1936

19. UNDERTAKER Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED DEC 16 1936 19 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 16 1936

22. I HEREBY CERTIFY, That I attended deceased from December 2, 1936, to December 16, 1936

I last saw her alive on December 16, 1936. Death is said to have occurred on the date stated above, at 11:36 a.m.

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

Tumor of Brain (Malignant)
Pneumonia Lobar

Date of onset

Other contributory causes of importance: 5 3/4

Name of operation Craniotomy & tumor removal. 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? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) Beaumont Bldg.

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.

1 X7044

Dr. [illegible]
3720 Washington