

MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH  
County Greene Registration District No. 318 File No. 5944  
Township Springfield Primary Registration District No. 2001 Registered No. 0173  
City Springfield (N. of Spring Hospital) St. 1 Ward)

2. FULL NAME Mrs. Georgia Rowe  
(a) Residence, No. 813 W. Harvean Ward. (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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 24 - 1899  
7. AGE YEARS 37 MONTHS 4 DAYS 2 If LESS than 1 day, hrs. or min.

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. None  
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassville, Mo.

MOTHER FATHER 13. NAME L. W. Delmar

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

MOTHER 15. MAIDEN NAME Phoebe Bell

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

17. INFORMANT (ADDRESS) Miss Mary Taylor

18. BURIAL, CREMATION, OR REMOVAL PLACE Graveside DATE Feb 26, 1937

19. UNDERTAKER (ADDRESS) Dezman D. Sawyer

20. FILED Feb 26, 1937 Chas A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 1937  
22. HEREBY CERTIFY, That I attended deceased from Feb 26, 1937, to Feb 26, 1937  
I last saw her alive on Feb 26, 1937. Death is said to have occurred on the date stated above, at 12:50 p.m.

The principal cause of death and related causes of importance were as follows:  
Pulmonary Phthisis  
Date of onset

Other contributory causes of importance: No  
Edema of the lungs  
Cholera

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?  
If so, specify \_\_\_\_\_  
(Signed) Arthur Hays M. D.  
(Address) Springfield, 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.

