

APR 23 1937

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

Do not use this space.

12953

1. PLACE OF DEATH

County Callio
Township
City Sedalia

Registration District No. 66 E
Primary Registration District No. 3072

File No. 88
Registered No. 668
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 201 Osage 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 9 9

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Sedalia, Mo.

FATHER
13. NAME James Buell Rowlette

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

MOTHER
15. MAIDEN NAME Pearl Spry

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

17. INFORMANT (ADDRESS) James Buell Rowlette
Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE Mar 18 1937

19. UNDERTAKER (ADDRESS) M. Laughlin Bros
Sedalia, Mo.

20. FILED Mar 18 1937 John Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17 1937, to Mar. 18 1937
I last saw him alive on Mar 17 1937 Death is said

to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset
no complications

Other contributory causes of importance:
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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 _____, 1937

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 Q
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Q
(Signed) Q. Quavey, M. D.
(Address) Quavey

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.

107a

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

Do not use this space.

1. PLACE OF DEATH

County Pettis Registration District No. 668
 Township Sedalia Primary Registration District No. 3032
 City Sedalia (No. _____) St. _____ Ward _____

File No. 12953
 Registered No. _____

2. FULL NAME

James Lee Rowlette

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

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

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

Bronchial Pneumonia Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

no complications

13. NAME _____

Other contributory causes of importance: _____

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

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15. MAIDEN NAME _____

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT (ADDRESS) _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____

Where did injury occur? _____ (Specify city or town, county, and State)

19. UNDERTAKER (ADDRESS) _____

Specify whether injury occurred in industry, in home, or in public place.

20. FILED 3-18-37 T. E. Van Slack Registrar.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) E. C. Snavely, M. D.
 (Address) Sedalia, Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENT

S-12983