

JUL 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence  
Township North  
City North (No. Missouri State San)

Registration District No. 470  
Primary Registration District No. 6633

File No. 24142  
Registered No. 72  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Angie Rowland  
(a) Residence, No. Mo State Sanatorium Ward. Dadenville, Mo.  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DECEMBER 14 1909</u>		
7. AGE YEARS <u>27</u>	MONTHS <u>6</u>	DAYS If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</u>	
	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) <u>April 1936</u>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenfield Missouri</u>		
FATHER	13. NAME <u>Samuel B Rowland</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stockton Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ann Claborn</u>	
	15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perinton Mo</u>	
17. INFORMANT <u>Wm. Michael Record</u> (ADDRESS) <u>Mo State Sanatorium</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenfield Mo</u> DATE <u>June 16 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Ward</u>		
20. FILED <u>6-14 1937</u> <u>P. N. Holmes</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14-37 19

22. I HEREBY CERTIFY, That I attended deceased from 6-16-36, 19, to 6-14-37, 19.

I last saw her alive on 6-14-37, 19. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Pneumonia pneumonia Date of onset 3/26

Other contributory causes of importance:  
SB

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

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_  
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) Chas. J. Miller M. D.  
(Address) 2nd Vernon

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

