OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kan
City Kansas City (No. KC General Hosp St. ..... Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 33192
Registered No. [illegible]

2. FULL NAME Robert Rowland
(a) Residence, No. 2312 Mersington 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1850
7. AGE YEARS 87 MONTHS 1 DAYS 28 IF LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Mo

FATHER
13. NAME George W. Rowland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Anna Watts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Record Clerk K.C. Gen Hosp KC Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE West Union Cemetery DATE 9-7-1937
19. UNDERTAKER (ADDRESS) Mellody McGilley KC Mo
20. FILED 9/6 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4, 1937
22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1937, to 9-4, 1937
I last saw him alive on 9-4, 1937. Death is said to have occurred on the date stated above, at 2:35 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Prostatism
1937
Date of onset
Other contributory causes of importance:
Debility due to advanced age
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 ....., 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) G. F. De Maria, M. D.
(Address) Supt KC Gen Hosp KC Mo

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