

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.

NOV 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Juincy
Township Lincoln
City Ironston Mo. R. 6 (No. _____ St. _____ Ward _____)

Registration District No. 328
Primary Registration District No. 54621

File No. 37748
Registered No. _____

2. FULL NAME Miss Dorothy Viola Rowoth

(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

3. SEX Female 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) May 2 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
18 5 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School students
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) Ironston Mo R.R. #6

13. NAME Joe Rowoth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Mo R.R. #6

15. MAIDEN NAME Alpha V. Holloway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo R.R. #6

17. INFORMANT (ADDRESS) Joe Rowoth Ironston Mo R. #6

18. BURIAL, CREMATION, OR REMOVAL PLACE Honey Creek Chapel DATE Nov 2 1937

19. UNDERTAKER (ADDRESS) W. P. Payne, Son Salt Mo

20. FILED 10-31 1937 J. H. Fair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1937, to Oct 31, 1937. I last saw him alive on Oct 31, 1937. Death is said to have occurred on the date stated above, at 11:45 A.M.

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

Dysphasic fever
Date of onset Oct 15 37

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Culture 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? No
If so, specify _____
(Signed) J. H. Fair M. D.
(Address) _____

