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.

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

Do not use this space.

1. PLACE OF DEATH
County BUCHANAN — Registration District No. 85 — File No. 2077
Township WASHINGTON — Primary Registration District No. 1001 — Registered No. 58
City ST. JOSEPH, (No. 2703 JACKSON ST. St. Ward)

2. FULL NAME WILLIAM R. ROWLAND U S B
(a) Residence, No. 2703 JACKSON ST. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JUNE 15, 1885

7. AGE: YEARS 52 — MONTHS 7 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: NIGHT WATCHMAN,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: STANDARD OIL CO.
10. Date deceased last worked at this occupation (month and year): JAN 12, 1938
11. Total time (years) spent in this occupation: 21

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NEAR GOWER, MISSOURI

FATHER
13. NAME: DAVID ROWLAND
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): RAY COUNTY, MISSOURI

MOTHER
15. MAIDEN NAME: MARTHA HINZ
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): RAY COUNTY, MISSOURI

17. INFORMANT (ADDRESS): MRS. WM. R. ROWLAND 2703 JACKSON ST. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. AUBURN CEM. DATE JAN. 17, 1938

19. UNDERTAKER (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED Jan. 17, 1938 H. J. Nestlebush By J.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JAN. 15, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1937, to Jan 15, 1938
I last saw him alive on Jan 14, 1938. Death is said to have occurred on the date stated above, at 8:25 P.M.
The principal cause of death and related causes of importance were as follows:
Ulcer of Stomach — Date of onset

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Other contributory causes of importance:

Name of operation: none — Date of
What test confirmed diagnosis? clinical — 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) Dr Laurence McFall 3 Dec
(Address) 426 Kirk Bldg. St Jos Mo.

JUL 17 1956