

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

Do not use this space.

1. PLACE OF DEATH

County Madawasky
Township Graham Mo
City Graham Mo (No. _____ St. _____ Ward _____)

Registration District No. 622
Primary Registration District No. 4373

File No. 3588

Registered No. 1

2. FULL NAME

(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 38 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 52 2 18

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

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) Starley
(STATE OR COUNTRY) Paige County, Virginia

13. NAME C. W. Dovel

14. BIRTHPLACE (CITY OR TOWN) Starley
(STATE OR COUNTRY) Paige County, Virginia

15. MAIDEN NAME Emma F. Alger

16. BIRTHPLACE (CITY OR TOWN) Starley
(STATE OR COUNTRY) Paige County, Virginia

17. INFORMANT Floyd Rowlett
(ADDRESS) Graham Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Graham County DATE Jan 13 1938

19. UNDERTAKER Campbell Funeral Home
(ADDRESS) 95-1 South Main, Mansfield Mo

20. FILED Feb 14 1938 38 yrs Ed Black Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1938

I HEREBY CERTIFY That I attended deceased from May 1 1937 to Jan 25 1938

I last saw him alive on Jan 19 1938 Death is said to have occurred on the date stated above, at 12 P. M.

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

Carcinoma of Sigmoid Date of onset May 1937
He

Other contributory causes of importance:

Name of operation Colostomy - Mayo Clinic Date of 1937
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? NO
If so, specify _____
E. M. Findley M. D.
(Signed) _____
Graham - Mo (Address)

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH