

REC'D JUL 11 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 400
 Township Franklin Primary Registration District No. 5553B
 City Little-Blair Mo (INC. Jackson County Hospital Ward) 400

File No. 22072Registered No. 137**2. FULL NAME**

Oscar W. Rowley
 (a) Residence, No. 220 N. Willow St. Jackson Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name) Constance Rowley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 8 18

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

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) Jan., 1938. 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallipolis Ohio

13. NAME John Rowley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Mary Hughes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Constance Rowley (ADDRESS) 220 N. Willow, Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Morial Cem DATE July 5, 1938

19. UNDERTAKER (ADDRESS) Ott + Mitchell, Independence, Mo.

20. FILED 7-4 1938 William J. Shields Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1938

22. I HEREBY CERTIFY That I attended deceased from June 6, 1938, to July 2, 1938

That saw him alive on July 2, 1938. Death is said to have occurred on the date stated above, at 10:35 A.M.

The principal cause of death and related causes of importance were as follows:
ACUTE MEDIASTINITIS
RUPTURED CARCINOMA
ESOPHAGUS

Other contributory causes of importance: Hb

Name of operation _____ Date of _____

What test confirmed diagnosis? AUTOPSY Was there an autopsy? YES

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) John W. Ott, M. D.
 (Address) Jackson Co. Hospital

315 (Address) Jackson Co. Hospital

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

