

REC'D FEB 11 1939

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

Do not use this space.

3136

1. PLACE OF DEATH

County MISSISSIPPI
Township Jayawaddy
City Othman, Mo

3
1
(No.)

Registration District No. 566
Primary Registration District No. 5762

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME RAY RUSSELL ROWE

(a) Residence, No. EAST PRAIRIE, MO. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF - (OR) WIFE OF Mary Ethel Rowe

22. I HEREBY CERTIFY That I attended deceased from _____, 19____ to _____, 19____
I last saw him Inquest alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 26, 1897

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min. 42 1 22

Accidental death caused by a falling tree striking his chest & crushing left side

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

Date of onset _____

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. 17, 1939 11. Total time (years) spent in this occupation LIFE

Other contributory causes of importance: 1948

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

FATHER 13. NAME John M. Rowe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER 15. MAIDEN NAME Vergie Shanford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Mary Ethel Rowe East Prairie

18. BURIAL, CREMATION, OR REMOVAL PLACE Dogwood DATE Jan. 19 39

19. UNDERTAKER (ADDRESS) Frank M. Shelby East Prairie

20. FILED 1-18-39 F. D. Vernon Registrar.

Name of operation none Date of _____
What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? yes Date of injury 1-17-39

Where did injury occur? on log work this Co. Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Working in Levee for Loggers

Manner of injury Construction & Government Work

Nature of injury Boston pole & crushed side

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify _____

(Signed) Frank D. Vernon H. M. D.

(Address) Charleston Mo 745

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

I hereby certify that the body whose name is recorded
on the reverse side of this certificate was embalmed by me.
F. Travis No. Shelby
Licensed Embalmer No. 2756
P.O. Address East Prairie, Mo