

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 2122 Minnie St.)

Registration District No. 399  
Primary Registration District No. 1002

File No. 16518  
Registered No. 2006  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2122 Minnie St. Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. S. Owen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 1 - 1876</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>58</u>	DAYS <u>78</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		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 <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Centerville Mo.

13. NAME  
John Herim Rowland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Centerville Mo.

15. MAIDEN NAME  
Bailey Shippey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Centerville Mo.

17. INFORMANT  
L.C. Owen  
(ADDRESS) 2122 Minnie St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Clifton Mo. DATE 5-10 1933

19. UNDERTAKER  
Fred Wilkinson  
(ADDRESS) Clifton Mo.

20. FILED 5-9 1933  
M. M. Rowe  
Asst Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1928 to 5-8 1933  
I last saw her alive on 5-8 1933. Death is said to have occurred on the date stated above, at 9:45 AM.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
Arterio-sclerosis  
Date of onset 5-7-33

Other contributory causes of importance:  
Arterio-sclerosis

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? No 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) E. L. Tully M. D.  
(Address) 1222 Realto Bldg  
St. Louis Mo

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.

2325

