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

Do not use this space.
24127

1. PLACE OF DEATH
County Greene
Township
City Springfield (No.) Springfield Baptist Hospital St.
Registration District No. 318
Primary Registration District No. 2901
File No. 356
Registered No.
Ward)

2. FULL NAME Sat Rowden
(a) Residence, No. 1721 N. Broadway 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.

AUG 8 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Anna Rowden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March [illegible] 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	84	4	Unknown	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Court Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: In Office
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maries Co. Mo.

FATHER
13. NAME: Robert Rowden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Mary A. Tyree
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Anna Rowden Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Maple Park Cemetery DATE July 23 1934

19. UNDERTAKER (ADDRESS): Stockton Funeral Home Springfield, Mo.

20. FILED 7-23 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-20- 1934, to 7-21 1934
I last saw h. alive on 7-21- 1934 Death is said to have occurred on the date stated above, at 12 midnight.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat prostration	7-20-34
165	
171	

Other contributory causes of importance:
Senility

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

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) C. E. Fuller, M. D.
(Address) Springfield Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.