

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.

|   |   |  |  |
|---|---|--|--|
| PLACE OF DEATH<br>County <u>Jackson</u>   |   | MISSOURI STATE BOARD OF HEALTH<br>BUREAU OF VITAL STATISTICS<br>CERTIFICATE OF DEATH         |  |
| Township _____<br>or _____                | Registration District No. <u>399</u>          | File No. <u>30858</u>  |  |
| Village _____<br>or _____                 | Primary Registration District No. <u>1002</u> | Registered No. <u>3433</u>   |  |
| City <u>Manassas Mo</u> (NO. <u>104</u> ) | <u>Scouters ave</u> St. <u>4</u> (Ward)       | [If death occurred in a hospital or institution, give its NAME instead of street and number] |  |
| FULL NAME <u>Emma J Rowin</u>             |   |  |  |

| PERSONAL AND STATISTICAL PARTICULARS   |  |  | MEDICAL CERTIFICATE OF DEATH   |  |
|--|--|--|--|--|
| SEX <u>Female</u>  | COLOR OR RACE <u>White</u>   | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widowed</u> | DATE OF DEATH <u>October 27</u> , 191 <u>0</u>   |  |
| DATE OF BIRTH <u>March 18</u> , 18 <u>58</u><br>(Month) (Day) (Year)   |  |  | I HEREBY CERTIFY, that I attended deceased from <u>Oct. 21</u> , 191 <u>0</u> , to <u>Oct. 27</u> , 191 <u>0</u> , that I last saw her alive on <u>Oct. 27</u> , 191 <u>0</u> , and that death occurred, on the date stated above, at <u>8 P. M.</u> The CAUSE OF DEATH* was as follows:<br><u>Carcinomatosis following Carcinoma of breast removed 3 1/2 yrs ago</u><br>(Duration) _____ yrs. <u>2</u> mos. _____ ds. |  |
| AGE <u>27</u> yrs. <u>1</u> mos. <u>9</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?  |  |  | Contributory _____<br>(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.   |  |
| OCCUPATION<br>(a) Trade, profession, or particular kind of work <u>Owner 50</u><br>(b) General nature of industry, business, or establishment in which employed (or employer) <u>Family Hotel 5.36</u> |  |  | (Signed) <u>E. P. Pineschall</u> M. D.<br><u>Oct 28</u> , 191 <u>0</u> (Address) <u>210 Shakerit Bldg</u>  |  |
| BIRTHPLACE (City or town, State or foreign country) <u>Norfolk Ohio</u>  |  |  | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  |  |
| PARENTS  | NAME OF FATHER <u>Thomas Brown</u>   |  | LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)<br>At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.   |  |
|  | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Washington County Penna</u> |  | Where was disease contracted if not at place of death? _____   |  |
|  | MAIDEN NAME OF MOTHER <u>Margarine Donough</u>   |  | Former or usual residence _____  |  |
|  | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Washington County Penna</u> |  | PLACE OF BURIAL OR REMOVAL <u>Des Moines, Ia.</u> DATE OF BURIAL <u>OCT 30 1910</u>  |  |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>(Informant) <u>M. Donough</u>   |  |  | UNDERTAKER <u>E. Stine &amp; Son Undertaking Co.</u> ADDRESS <u>408 E. 9th St.</u>   |  |
| (ADDRESS) <u>104 Scouters ave</u>  |  |  | FILED <u>OCT 21 1910</u> REGISTRAR <u>E. J. Davis</u>  |  |

