

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

Do not use this space.
6930

1. PLACE OF DEATH

70 County Montgomery Registration District No. 596
Township Bellflower Primary Registration District No. 5787B
City Bellflower Mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Mrs Millie R. Rowley

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry D. Rowley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15 th 1866
7. AGE YEARS 63 MONTHS 10 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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 _____

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

13. NAME Isac Logan

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

15. MAIDEN NAME Elizabeth Phillips

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

17. INFORMANT J. B. Moseley (ADDRESS) Bellflower Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellflower Mo DATE I/25/33 19.

19. UNDERTAKER C. W. Hopkins (ADDRESS) Montgomery City Mo

20. FILED 1/25 1933 N. W. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) I/24/33 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1932 to Jan 24 1933

I last saw him alive on Jan 23 1933 Death is said

to have occurred on the date stated above, at 12:40 am

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

Carcinoma of left breast
50
50

Other contributory causes of importance:

Name of operation Removal of breast Date of Sept 1933
What test confirmed diagnosis? lab report 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? No

If so, specify _____
(Signed) Buell Memphis M. D.
(Address) Montgomery City 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

2351

