MAR 31 1933

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.

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

Do not use this space.

8276

1. PLACE OF DEATH

108 County Vernon — Registration District No. 873 — File No.

Township Virgil — Primary Registration District No. 6158 — Registered No.

City (No. , St. Ward)

2. FULL NAME Howard Rolland Jr.

(a) Residence, No. MounteValla Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

3. SEX: male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ---Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7 1933

7. AGE: YEARS 0 — MONTHS 0 — DAYS 7 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

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) Vernon Co. Mo.

FATHER

13. NAME W. H. Rolland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dada Co. Mo.

MOTHER

15. MAIDEN NAME Ida Lawson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Mo.

17. INFORMANT (ADDRESS) W. H. Rolland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Mo. DATE Feb. 15, 1933

19. UNDERTAKER (ADDRESS) J. W. Ward Greenfield Mo.

20. FILED Feb 18, 1933 M. J. Mallory Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1933 to Feb 14 1933

I last saw him alive on Feb 14 1933, 19 Death is said to have occurred on the date stated above, at 9 a m

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

Entero-Colitis — Date of onset 2/8/33

160B

1MB 160B

Other contributory causes of importance:
Hemorage under scalp, injury from deliverywas not inlabor over thirty minutes

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) L. T. Dunaway M. D.

(Address) El Dorado Springs Mo