

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

Do not use this space.

1. PLACE OF DEATH

County Howell
Township Hutton Valley
City Wallow Springs, Mo. Ste 2

Registration District No. 979
Primary Registration District No. 5537

File No. 13106
Registered No. 3
St. _____ Ward)

2. FULL NAME

(a) Residence, No. Wallow Springs, Mo. Ste 2, 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</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>Margaret Rowlett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1871-2-7</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>4</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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) <u>April 1933</u>	11. Total time (years) spent in this occupation <u>60</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway Co. Kentucky</u>		
FATHER	13. NAME <u>Geo Rowlett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>P M Powers</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT (ADDRESS) <u>J. R. Burns Wallow Springs Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Residence</u> DATE <u>April 26, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>J. R. Burns Wallow Springs Mo</u>		
20. FILED <u>5/12/33 Alpha Moore</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-29-1930, to 4-25-1933

I last saw him alive on 4-15-1933 Death is said to have occurred on the date stated above, at 1:30 m. The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach
H&B
4-6-13

Other contributory causes of importance:
Chronic myocardial degeneration

Name of operation _____ Date of _____
What test confirmed diagnosis? Examination Was there an autopsy? no

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) E. Claude Bohrer, M. D.
(Address) West Plains, Mo.

WRITE PLAIN INK 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.

MAY 22 1933

