

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis, Mo.** (No. **City Hospital No. 2**)File No. **10382**Registered No. **2954**2. FULL NAME **Lee Rowan**(a) Residence, No. **3953a Chateau** St. **18** Ward.Length of residence in city or town where death occurred **12** 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 Male	4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Unknown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 15, 1905**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
31	31	11	27	

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

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) **Unknown** 11. Total time (years) spent in this occupation **Miss.**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**13. NAME **Judge Rowan**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**15. MAIDEN NAME **Mary Busch**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**17. INFORMANT **Ruby Perdean**
(ADDRESS) **2945 Lawton Ave.**18. BURIAL, CREMATION, OR REMOVAL
PLACE **Washington, D.C.** DATE **3/17, 1937**19. UNDERTAKER **Chas. J. Gentry**
(ADDRESS) **417 1/2 Olive St.**20. FILED **MAR 16 1937** **J. Bredbeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 12, 1937**22. I HEREBY CERTIFY, That I attended deceased from **February 18, 1937, to March 12, 1937**I last saw him alive on **March 12, 1937** Death is said to have occurred on the date stated above, at **1:35 p. m.**

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

Pulmonary Tuberculosis **2-18-37** Date of onset

Other contributory causes of importance:

None

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**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) **J. Owen Blache**, M. D.(Address) **2945 Lawton Avenue**

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.

OCCUPATION
 MOTHER
 FATHER
 490
 29
 29
 29

