MAY 19 1937

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

Do not use this space.

16071

File No. 58

Registered No.

Registration District No. 198

Primary Registration District No. 3011

1. PLACE OF DEATH

24 County Clay

2 Township Fishing River

4 City Excelsior Springs, Mo. (No. , St. 3d Ward)

2. FULL NAME ROWLAND, James H. (Veterans Administration Facility, Excelsior Springs, Mo

(a) Residence, No. 908 Park St. St., Ward. Carrollton, Mo.
(Usual place of abode) Carrollton, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	50	4	16	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stover, Mo.

FATHER

13. NAME Amos Rowland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Sarah Dubbs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carrollton, Mo. DATE 4-29-37, 19

19. UNDERTAKER Standley Funeral Home.
(ADDRESS) Carrollton, Missouri.

20. FILED April 29, 19 37 Lorena M. Crocker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937, 19, to April 29, 1937, 19. I last saw him alive on April 29, 1937, 19. Death is said to have occurred on the date stated above, at 2:35 m. A.M.

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

	Date of onset
Hypertensive heart disease	
and	
Nephritis chronic	

Other contributory causes of importance:

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? no 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) H. C. HARDEGREE, MD, Clinical Director, M.D.
(Address) Veterans Administration Facility
Excelsior Springs, Missouri.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.