

NOV 24 1937

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

Do not use this space.

38997

1. PLACE OF DEATH *Saline*  
County *Saline* Registration District No. *797*  
Township *Miami* Primary Registration District No. *6040*  
City *Saline* St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Rosetta Fowler*  
(a) Residence, No. \_\_\_\_\_ 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.

File No. \_\_\_\_\_  
Registered No. *21*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *January 5 1887*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*80 09 19*

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

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) (STATE OR COUNTRY) *Randolph Mo*

MOTHER FATHER 13. NAME *Berjamin Noel*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

15. MAIDEN NAME *Don't know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT *Mrs Mary Fisher*  
(ADDRESS) *Saline Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Saline* DATE *10-26-37*

19. UNDERTAKER (ADDRESS) *Jones & Sage*  
*Saline Mo*

20. FILED *10-25* 19*37* *Mrs Aubrey Haynes*  
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 24 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 24* 1937, to *Nov 24* 1937

I last saw him live on *Nov 24 1937* Death is said to have occurred on the date stated above, at *4:30 AM*

The principal cause of death and related causes of importance were as follows:  
*Angina pectoris*  
*And a bad heart*

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? \_\_\_\_\_ 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) *H. S. Grady* M. D.  
(Address) *Saline Mo*

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

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