REC'D MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Ray 1 Registration District No. 744 File No. 7965

Township Richmond Primary Registration District No. 3035 Registered No. 11:3

City Rayville (No. St. Ward)

2. FULL NAME Abbie G. Rowland 453

(a) Residence, No. 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 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 A. B. Rowland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22-1858

7. AGE YEARS 79 MONTHS 5 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. House wife
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) Ray co mo

FATHER
13. NAME John Rowland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont Knowt

MOTHER
15. MAIDEN NAME Sarah Odell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray co, mo

17. INFORMANT (ADDRESS) Elmer Rowland Kansas City mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rowland DATE Mar 2, 1938

19. UNDERTAKER (ADDRESS) J. E. Broadhurst Rayville mo

20. FILED 3/10, 1938 Mary B. McDonald Registrar. 668

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1938, to Mar 1, 1938
I last saw her alive on Feb 27, 1938. Death is said to have occurred on the date stated above, at 9:02 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | Feb 10 '38 |
| Myocardial insufficiency | |

Other contributory causes of importance: HB

Name of operation Date of
What test confirmed diagnosis? Clinical 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) S. G. W. Gaines, M. D.
(Address) Richmond, Mo.

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.

100M-11-36-33