

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.

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

Do not use this space.

APR 20 1931

5

**1. PLACE OF DEATH**

County Barry  
Township Washington  
City Washington (No. ....)

Registration District No. 57  
Primary Registration District No. 50.53

File No. 8709  
Registered No. ....  
St. .... Ward .....

**2. FULL NAME**

Amazon J Rowley

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M.</u>	4. COLOR OR RACE <u>Wh</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>Edith Rowley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 17 1876</u>		
7. AGE	YEARS	MONTHS
	<u>54</u>	<u>9</u>
		DAYS
		<u>8</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>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>337</u>	
	10. Date deceased last worked at this occupation (month and year) .....	11. Total time (years) spent in this occupation .....
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Co Mo</u>	
	13. NAME <u>Jacynth Rowley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>Mamerva Rowley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	17. INFORMANT <u>Mrs Edith Rowley</u> (ADDRESS) <u>Washington Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rowley cemetery</u> DATE <u>3/26</u> 19 <u>31</u>	
	19. UNDERTAKER <u>Holmes Funeral Service</u> (ADDRESS) <u>Carroll Mo</u>	
	20. FILED <u>Apr 1</u> 19 <u>31</u> <u>J S Fisher</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from See 23, 1931, to 3.25, 1931

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Tubercular heart disease Date of onset 922

922  
11B 922a

Other contributory causes of importance: 1

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?.....  
If so, specify.....  
(Signed) [Signature], M. D.  
(Address) Lawrence, Mo.

