

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

Do not use this space.

JAN 1 8 1935

41892

**1. PLACE OF DEATH**

County Barry Registration District No. 37  
 Township Wapetown Primary Registration District No. 5053  
 City (No. ....) St. .... Ward (No. ....) Ward

**2. FULL NAME**

Edith K. 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 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amazon K. Rowley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/19 1899

7. AGE YEARS MONTHS DAYS if LESS than 1 day, ..... hrs. or ..... min.  
53 6 18

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME Archie Ball King

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

15. MAIDEN NAME Roberts

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

17. INFORMANT Arch Rowley  
 (ADDRESS) Wapetown, Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Wapetown DATE 12/8 1934

19. UNDERTAKER J. W. Mason  
 (ADDRESS) Cassville, Mo

20. FILED 12/11 1934 Jewell Roller  
 Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/7 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1934, to Dec. 7, 1934  
 I last saw him alive on Dec. 7, 1934. Death is said to have occurred on the date stated above, at 10:15 PM.  
 The principal cause of death and related causes of importance were as follows:

Hypertensive Pneumonia Date of onset 12/6/34  
with interstitial emphysema  
 Other contributory causes of importance:  
Passive congestion of liver with interstitial emphysema

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?  
 If so, specify Edith K. Rowley  
 (Signed) E. C. McDaniel, M.D.  
 (Address) Cassville, Mo.

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.

