

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

Do not use this space.

10786

1. PLACE OF DEATH  
 87 County Ray Registration District No. 744  
 6 Township Richmond Primary Registration District No. 3035  
 4 City Richmond (No. R. 7. D.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Fredrick Leavel Rowland

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19-1869

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>63</u>	<u>9</u>	<u>9</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 75

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) Crick Mo.

13. NAME B. R. Rowland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crick Mo.

15. MAIDEN NAME Bettie Bogard

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

17. INFORMANT Mrs. Ada Grace  
 (ADDRESS) Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE South Point DATE Mar. 30 1939

19. UNDERTAKER E. H. Harnan  
 (ADDRESS) Richmond Mo.

20. FILED 3-29-39 Registrar E. C. Day

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to Mar 28, 1939

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 5:20 am.

The principal cause of death and related causes of importance were as follows:  
Was dead when I reached  
the house, died probably  
from heart trouble.  
I treated him some in  
the RR for heart trouble.

Other contributory causes of importance: kidney distn

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) R. D. Brown, 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.

Dear Mr. [Name obscured]

[The body of the letter is extremely faint and illegible due to heavy noise and low contrast. It appears to contain several paragraphs of text.]

[Name obscured]