

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

Do not use this space.

34530

1. PLACE OF DEATH
 County.....Ray
 Township.....Richmond
 City.....Richmond (No.)

 Registration District No. 744
 Primary Registration District No. 3095

 File No.
 Registered No. 86
 St. Ward)
2. FULL NAME William S. Rowland
 (a) Residence, No. St., Ward.
 (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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX **4. COLOR OR RACE** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word)

M White Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1865
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 Don't Know
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co Mo.
10. NAME OF FATHER John Rowland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know
12. MAIDEN NAME OF MOTHER Luraine Odell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo.
14. INFORMANT C.C. Rowland
 (Address) Orrick Mo. R.F.D.
15. FILED Oct 8, 1928 R L Hamilton
 REGISTRAR
2 MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 5th 28¹⁹
17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1928, to Oct 5th 1928
 that I last saw him alive on Oct 4th 1928, and that death occurred, on the date stated above, at 3:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 92A 5 mos. ds.
131 92A 5 mos. ds.
131 92A 5 mos. ds.
131 92A 5 mos. ds.

 CONTRIBUTORY Chronic Hepatitis
 (SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 131 92A
 IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
 WAS THERE AN AUTOPSY? No

 WHAT TEST CONFIRMED DIAGNOSIS? Microanalysis
 (Signed) Thos J Cook (M. D.)
10-6, 1928 (Address) Richmond Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rowland Cem **DATE OF BURIAL** 10/6/28¹⁹
20. UNDERTAKER R. P. Mausman **ADDRESS** Richmond Mo.

