

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.

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 Registration District No. 744
Township Richmond Primary Registration District No. 3035
City Rayville (No. _____) St. _____ Ward _____

File No. 7965
Registered No. 143

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 5 7

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 Mo13. NAME John Rowland14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dent. House15. MAIDEN NAME Sarah Odell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co, Mo17. INFORMANT Elmer Rowland (ADDRESS) Kansas City Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Rowland DATE Mar 2, 193819. UNDERTAKER J. E. Brundhurst (ADDRESS) Rayville Mo20. FILED 3/10 1938 Wm. D. Donae Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 193822. I HEREBY CERTIFY, That I attended deceased from Feb 27 1938, to Mar 1 1938.I last saw h. p. alive on Feb 27 1938. Death is saidto have occurred on the date stated above, at 9:02 A.

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

Influenza
Myocardial Insufficiency

Date of onset

Feb 10
38

Other contributory causes of importance: HF

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 _____, 1938

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 124. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. J. Gentry M. D.(Address) Richmond Mo

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM

TO : SAC, [illegible]

FROM : [illegible]

SUBJECT: [illegible]

[The remainder of the memorandum text is illegible due to extreme fading and low contrast.]