29931

CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH
COUNTY OF Lee.
MAGISTERIAL DISTRICT OF Rose Hill
OR
INC. TOWN OF
OR
CITY OF Ewing.

REGISTRATION DISTRICT No. 521C (TO BE INSERTED BY REGISTRAR) REGISTERED No. 14 (FOR USE OF LOCAL REGISTRAR)

(No. ______ ST. ______ WARD)
(If death occurred in a hospital or other institution, give its NAME instead of street and number)

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

2 FULL NAME James Calloway Rowland.

(A) RESIDENCE. No. Caylor, Va. ST. ______ WARD ______
(Usual place of abode) (If nonresident give city or town and State)

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: Mossie Chadwell

6. DATE OF BIRTH (month, day, and year): Nov 7, 1877

7. AGE: Years 60 | Months 1 | Days 5 | IF LESS THAN 1 DAY, ____ HRS. OR ____ MIN.

OCCUPATION
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.: Merchant.
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.: own Store.
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): Lee Co., Virginia.

FATHER
13. NAME: John Rowland,
14. BIRTHPLACE (city or town) (State or country): Lee Co, Virginia

MOTHER
15. MAIDEN NAME: Sarrah J. Miracle,
16. BIRTHPLACE (city or town) (State or country): Bell Co. Ky.

17. INFORMANT (ADDRESS): Mrs. James C. Rowland, Ewing, Virginia

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ewing, Virginia DATE: Dec 14, 1937

19. UNDERTAKER (ADDRESS): Hobart Cawood, Middlesboro, Ky.

20. FILED: Dec. 15, 1937 G. W. Dalton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 12, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Oct 16, 1937 TO Dec 12, 1937
I LAST SAW h im ALIVE ON Dec 6, 1937 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 11:20 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE IN ORDER OF ONSET WERE AS FOLLOWS:

Cause	Date of onset
Influenza cum Pneumonia - Lobar	Oct 14th 1937

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CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO PRINCIPAL CAUSE:

Cause	Date of onset
Brights Disease	1935

NAME OF OPERATION: None DATE OF: x
WHAT TEST CONFIRMED DIAGNOSIS? C 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 ______, 1
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: x
(SIGNED) T. S. Fuson, M. D.
(ADDRESS) Cumberland Gap, Tenn.