

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

Do not use this space.

5407

File No. \_\_\_\_\_  
Registered No. 69  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Marion  
Township Marion  
City Hannibal (No. \_\_\_\_\_)

Registration District No. 647  
Primary Registration District No. 3039

2. FULL NAME Harry Hill Rookwood  
(a) Residence No. Montgomery City 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1927  
17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) \_\_\_\_\_  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
31 ✓ ✓

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Suicide By drowning in Mississippi River  
16 16 9 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Carpenter  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? Asst. R. Sestrom, M.D.  
(Signed) \_\_\_\_\_ Address Winn Co Mo.

9. BIRTHPLACE (CITY OR TOWN) Montgomery City  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Thos Rookwood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER Nebraska Parsons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Montgomery Co

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

14. INFORMANT Hickison Rookwood  
(Address) Kansas City Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Winn Co Missouri DATE OF BURIAL 3-4 1927

15. FILED 3/2 27 O. E. Steele  
REGISTRAR

20. UNDERTAKER Wm M. Smith ADDRESS Hannibal

Exact statement of OCCUPATION is very important. Do not leave blank. Exact statement of OCCUPATION is very important. Do not leave blank.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Marion Registration District No. 547 File No. \_\_\_\_\_  
 Township Hannibal Primary Registration District No. 3629 Registered No. 69  
 City Hannibal (State) Mississippi River St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Harry Hill Rookwood  
 (a) Residence. No. Montgomery City, Mo. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) D

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 15 - 1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>31</u>	<u>2</u>	<u>9</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) Carpenter  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Montgomery City  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Thos. Rookwood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER Nebraska Parsons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Montgomery City, Mo.

INFORMANT Dickison P Rookwood  
 (Address) Kansas City, Mo.

15. FILED 3/2, 19 27 W. M. SMITH  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 24 1927

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, (that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above.)

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Suicide by drowning in Mississippi River

CONTRIBUTORY (SECONDARY) 169

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Chas. R. Scott Coroner \_\_\_\_\_, M. D.  
 , 19 (Address) Marion County, 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Montgomery City, Mo. 3-4, 19 27

20. UNDERTAKER WM. M. SMITH  
 Address Hannibal,

CAD F  
 REC  
 A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED  
 EXACT STATEMENT OF OCCURRENCE  
 IT MAY BE PROPERLY CLASSIFIED  
 BY ANOTHER FACILITY  
 REPORTER

SUPPLEMENTARY

5-5407