

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

Do not use this space.

21701

1. PLACE OF DEATH

County Jackson Registration District No. 1002
 Township Law Primary Registration District No. 3812 E 11th
 City J.F.C. Mo. (No. 3812 E 11th) St. _____ Ward _____

File No. 2841
 Registered No. _____ St. _____ Ward _____

2. FULL NAME

(a) Residence No. 3812 E 11 St. 12 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Rooke
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Wh 1853
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (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) Mo
 10. NAME OF FATHER Stephen rooke
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
 12. MAIDEN NAME OF MOTHER Mary Humbart
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Cora Owen
 (Address) 3812 E 11
 15. FILED 6/28/29 1929 M. M. Crowe REGISTRAR
asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1929
 17. I HEREBY CERTIFY, That I attended deceased from June 5, 1929 to June 28, 1929, that I last saw him alive on May 20, 1929, and that death occurred, on the date stated above, at 9:05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

8913
Paralysis agitans
several (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. H. Crook M. D.

6/28/29 (Address) 6535 E 15

*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 DATE OF BURIAL

Elmwood 6-29 1929

20. UNDERTAKER ADDRESS

Mrs. C. R. Foster F. P. Mo.

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.

10 - 1 - 262
 286

62 35.2.10