

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kear
City Kennett City

Registration District No. 389
Primary Registration District No. 1003
(No. Kennett City General Hospital St. Ward)

File No. 39713
Registered No. 4719

2. FULL NAME

(a) Residence, No. 1851 Jefferson St., 3 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Mrs Jessie Rockwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-29-1872

7. AGE YEARS 60 MONTHS 1 DAYS 18 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Alcoholist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. President Hotel

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Albany, Kansas

13. NAME John Rockwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Rachel Skinn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Recess Clerk, K. B. General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 12-13-32

19. UNDERTAKER (ADDRESS) Lewis & Loden Co

20. FILED 12-13-32 L. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-11-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-30-1932, to 12-11-1932

I last saw him alive on 12-11-1932. Death is said to have occurred on the date stated above, at 12:47 a.m.

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

Pulmonary Infection from Myocardial Infarction of R. Ventricle

Other contributory causes of importance:

9515 1118 75B 1

Name of operation Date of operation
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

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?

If so, specify

(Signed) J. H. General M. D.

(Address) Supr. K. B. General Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

