MAR 27 1933

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.

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

Do not use this space.

8977

1. PLACE OF DEATH
County Cooper — Registration District No. 223 — File No.
Township Clear Creek — Primary Registration District No. 5304 — Registered No. 20
City Pilot Grove (No. ..... St. ..... Ward)

2. FULL NAME Alfred Rourke
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 8 hrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10-1933
7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, 8 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Pilot Grove Missouri

FATHER
13. NAME Percy Rourke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Napton Missouri

MOTHER
15. MAIDEN NAME Leva Newell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Missouri

17. INFORMANT (ADDRESS) Percy Rourke Pilot Grove Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Peninsula Cemetery DATE 3/11 1933

19. UNDERTAKER (ADDRESS) H L Day Blackwater Mo

20. FILED ....., 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 10, 1933 to March 10, 1933
I last saw h— alive on March 10, 1933. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:
Imperfect closing of Heart valves
Foramen Ovale
Lived 8 hrs after birth

Date of onset

Other contributory causes of importance:

Name of operation no Date of —
What test confirmed diagnosis? ..... 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 ....., 19.....
Where did injury occur? no
(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) Chas Sandy, M. D.
(Address) Pilot Grove Mo