

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

Do not use this space.

32646

1. PLACE OF DEATH

County De Kalb Registration District No. 260
 32 Township Grand River Primary Registration District No. 5363
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

James Edward Rooney
 (a) Residence No. _____ St. _____ 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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	1	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) De Kalb Co. Mo.

13. NAME Vincent Rooney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Kalb Co. Mo.

15. MAIDEN NAME Mary Mallem

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co. Mo.

17. INFORMANT Vincent Rooney (ADDRESS) Cameron Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem. DATE Oct. 15 1935

19. UNDERTAKER J. W. Polard (ADDRESS) Cameron Mo.

20. FILED Oct 14 1933 Mary S. Mc Mahill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1933, to Oct 14, 1933

I last saw him alive on Oct 13, 1933. Death is said

to have occurred on the date stated above, at 12:15 A

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

Enteric Colic
11/10 11/10
 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? _____ (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 _____ (Signed) J. G. Brantley, M. D.
 (Address) Cameron Mo.

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. NOV 10 1933

