OCT 20 1934

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

Do not use this space.

35043

1. PLACE OF DEATH
County: Washington
Township: Bridgeton
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 887
Primary Registration District No. 6179

File No. .....
Registered No. .....

2. FULL NAME: George Rooks

(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: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Rooks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 10 1861

7. AGE: Years 73 | Months 6 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Ohio

FATHER
13. NAME: Dont know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): .....

MOTHER
15. MAIDEN NAME: Dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): .....

17. INFORMANT (ADDRESS): Mary Rooks

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mineral Point DATE: Sept 26 1934

19. UNDERTAKER (ADDRESS): J. B. Bayer & Son Potosi Mo

20. FILED: Sept 26 1934 G. F. Fremuth Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from not attended, 19.....
I last saw him alive on by Physician, 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset .....
Nephrosclerosis — Date of onset .....
Hypertension — Date of onset .....
Arteriosclerosis — Date of onset .....

Other contributory causes of importance: Enlarged Prostatic gland causing complete Anuria

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

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) L. F. Fremuth Co. Health Officer
(Address) Potosi

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. THIS IS A PERMANENT RECORD