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.

19 1936

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

Do not use this space.

980

1. PLACE OF DEATH
County Greene. Registration District No. 318
Township Campbell Primary Registration District No. 5440
City Springfield Mo. No. 2124 W Walnut St. Ward)

File No.
Registered No. 48

2. FULL NAME Emily Alice Rourke.
(a) Residence, No. 2124 W Walnut St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE William A Rourke
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 1872
7. AGE YEARS 63 MONTHS unknown DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Mo

FATHER
13. NAME T. J. Harper.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Colorid Jane Kerr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Mrs H. A. Rourke 2124 W Walnut
18. BURIAL, CREMATION, OR REMOVAL
PLACE Caves Cmty DATE Jan 20 1936
19. UNDERTAKER (ADDRESS) Floyd W Fox 629 W Walnut
20. FILED 1-20 1936 Ralph W Laugston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1935 to Jan 19, 1936
I last saw her alive on Jan 19, 1936. Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	unknown
Other contributory causes of importance:	
inanition	unknown

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Physical 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) W. T. Walsh, M. D.
(Address) Springfield Mo