

JUN 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Miller  
Township Equality  
City Summerville (No. \_\_\_\_\_)

Registration District No. 364  
Primary Registration District No. 3758

File No. 20691  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Emeline Rook

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Rook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-6-1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
83 8 28

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iberia, Mo

13. NAME George Long

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

15. MAIDEN NAME Mary Pennington

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

17. INFORMANT (ADDRESS) Mrs. Rosa Musick, Summerville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Summerville, Mo DATE May 5-1937

19. UNDERTAKER (ADDRESS) St. Gray Iberia, Mo

20. FILED May 6 1937 J. H. Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-4-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-1-1937 to May 4-1937  
I last saw him alive on 3-4-1937 Death is said to have occurred on the date stated above, at 4 a.m.  
The principal cause of death and related causes of importance were as follows:

Caravan on face

Other contributory causes of importance: 57 OP

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Sept Was there an autopsy? W

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) D. N. Brown, M. D.  
(Address) Summerville, Mo

... of the ... in this ... so ... it may be ... assigned ... exact water ...



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Miller  
Township Equality  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 364  
Primary Registration District No. 3758

File No. 20691  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Emeline Roark

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_. I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83 8 28

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

Cancer on face

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 \_\_\_\_\_

Other contributory causes of importance: Further information

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

**13. NAME**

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

**15. MAIDEN NAME**

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

**17. INFORMANT (ADDRESS)**

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

**19. UNDERTAKER (ADDRESS)**

**20. FILED** \_\_\_\_\_ 19\_\_\_\_

Registrar \_\_\_\_\_

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) D. H. Kouns, M. D.  
(Address) Lumberton Mo

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. This may be properly classified. Exact statement of OCCUPATION is very important.

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