AUG 20 1937

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

Do not use this space.

27063

1. PLACE OF DEATH County: Cooper — Registration District No.: 221 — File No.:
Township: (City of ...) — Primary Registration District No.: 5302B — Registered No.:
City: (No. ... St. ... Ward)

2. FULL NAME: Dorothy O'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. 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5/26 37

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 10 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): Mo

FATHER

13. NAME: Percy O'Rourke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Rena Newell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Percy O'Rourke

18. BURIAL, CREMATION, OR REMOVAL PLACE: Peninsula Co. DATE: 5/27 1937

19. UNDERTAKER (ADDRESS): Fabber

20. FILED: 8/2 1937 Robt. R. Fogle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/26 1937

22. I HEREBY CERTIFY, That I attended deceased from birth, 19..., to ..., 19...
I last saw her alive on at birth, 1937. 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:

	Date of onset
Fairmen Cavity	
would not close	

Other contributory causes of importance:

15 PC

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) Robt. R. Fogle, M. D.
(Address) Clarksville 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.