

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

DEC 14 1937

1. PLACE OF DEATH

County Barton
 Township Lamar
 City..... (No.....,St.....Ward)

Registration District No. 40
 Primary Registration District No. 5058

File No. 40589

Registered No. 52

2. FULL NAME Mary Isabelle Rork

(a) Residence, No.St.,Ward.
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Widow
(Divorced, write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26th, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James William Rork

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12th, 1856

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 6 P. m.

7. AGE YEARS MONTHS DAYS **If LESS than 1 day,hrs. ormin.**
81 2 14

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

8. Trade, profession, or particular kind of work done, as aptianer, sawyer, bookkeeper, etc. Housewife

Probably Bronchitis
Pneumonia
(Was dead when I first saw her)

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

Date of onset

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

Other contributory causes of importance:
Artero Sclerosis

13. NAME David Weaver

Name of operation..... no Date of

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

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME Eliza Campbell

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide?..... Date of injury....., 19.....

17. INFORMANT Robert bell
 (ADDRESS) Lamar, Mo.

Where did injury occur?..... (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Muscotah, ks. DATE 11-28-37

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER River Funeral Home
 (ADDRESS) Lamar, Mo.

Manner of injury.....

20. FILED 11-27-, 1937 Mrs Josephine Inyatt (Address) Lamar, Mo.
 Registrar

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) C. E. Rueschell 4, M. D.

(Address) Lamar, Mo.

Coroner, Barton Co, Mo.

