

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.

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

Do not use this space.

REC'D MAY 10 1938

14959

1. PLACE OF DEATH

County Jasper Registration District No. 417 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 3021 Registered No. 37  
City Webb City (No. \_\_\_\_\_) Jesse Chunn Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Andy O'Rourke 6210 1662

(a) Residence, No. 835 W. Oak 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maudie O'Rourke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
42 9 24

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

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utich Missouri

13. NAME Thomas O'Rourke

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mr. Maudie O'Rourke  
(ADDRESS) Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE CARTERVILLE CEM. DATE APR. 29. 38

19. UNDERTAKER Webb City Undert Co.  
(ADDRESS) Webb City, Mo.

20. FILED APR. 29. 38 19 J. P. Schex M. D.  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-19 1938, to 4/28 1938

I last saw him alive on 4/28 1938 Death is said

to have occurred on the date stated above, at 4:50 a.m.

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

Peritonitis following a Ruptured Appendix

Other contributory causes of importance: Appendicitis

Name of operation Appendectomy Date of 4/19/38

What test confirmed diagnosis? \_\_\_\_\_ 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) B. A. Dumbauld, M. D.

(Address) Webb City, Mo.

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