

REC'D JUN 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN
 Township WASHINGTON
 City ST. JOSEPH

Registration District No. 85
 Primary Registration District No. 1004
 (No. 215 N. 7TH.)

File No. 17736
 Registered No. 512
 St. _____ Ward _____

2. FULL NAME ADOLPH CHARLES ROCK

(a) Residence, No. 215 N. 7TH. St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 45 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

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 MAE M. ROCK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 6TH, 1892

7. AGE YEARS 46 MONTHS 0 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ROCK PLUMBING CO.

10. Date deceased last worked at this occupation (month and year) APRIL, 1938 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) SIoux CITY (STATE OR COUNTRY) IOWA

13. NAME CHARLES F. ROCK

14. BIRTHPLACE (CITY OR TOWN) ST. JOSEPH (STATE OR COUNTRY) MISSOURI

15. MAIDEN NAME MARGARET SHEA

16. BIRTHPLACE (CITY OR TOWN) ST. JOSEPH (STATE OR COUNTRY) MISSOURI

17. INFORMANT MAE M. ROCK, (ADDRESS) 215 N. 7TH ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIA CEMETERY DATE MAY 12, 1938

19. UNDERTAKER FLEEMAN & SON, INC. (ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 5-11-38 H. Hestlebach Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 10, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1937, to May 10 1938. I last saw h. IM alive on May 10 1938. Death is said to have occurred on the date stated above, at 12:00 NOON. The principal cause of death and related causes of importance were as follows:

Hypertension
Generalized arteriosclerosis
Coronary sclerosis
Chronic fibrous myocarditis

Date of onset:
1936?
1936
1937
1937

Other contributory causes of importance: A 2 3

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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) Cabray Wortley, M.D. M. D.
 (Address) 731, Farson St.

St. Joseph, 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.

