

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

Do not use this space.

OCT 12 1939

1. PLACE OF DEATH

County Barton

Registration District No. 40

Township Langer

Primary Registration District No. 4024

City Langer

(No. _____)

St. _____

Ward _____

31794

File No. _____

Registered No. 39

2. FULL NAME Frances Elizabeth Rooney

(a) Residence, No. _____

St. _____

Ward _____

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 Female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF Frank Rooney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24th 1868

7. AGE

YEARS 71

MONTHS 1

DAYS 12

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) Greene Co Mo
(STATE OR COUNTRY)

MOTHER FATHER

13. NAME Tom Reese

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

15. MAIDEN NAME Sally P P P P P

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

17. INFORMANT Frank Rooney
(ADDRESS) Langer

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lake Superior DATE Sept 7 1939

19. UNDERTAKER River Funeral Home
(ADDRESS) Langer

20. FILED Sept 6 - 1939

Dr. Josephine Murray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6th 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 1939 to Sept. 5 1939

I last saw him alive on Sept. 5 1939. Death is said to have occurred on the date stated above, at Langer.

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

Coronary Artery Disease

Date of onset

Other contributory causes of importance: 121

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) Thos. J. Mullan M. D.

(Address) Langer, 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.

WHILE PLAINLY, WITH CAREFULNESS, I X704

RECEIVED

District Health Officer No. 6,

District File Number 1039-2014

Date Filed OCT 9 1939