G 27 1920

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

Do not use this space.

1. PLACE OF DEATH
County Madison Registration District No. 538
Township Primary Registration District No. 5728
City Fredericktown (No. St. Ward)

File No. 24420
Registered No.

2. FULL NAME David Lafayette Rock

(a) Residence. No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary Catherine Rock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-3-1850

7. AGE: Years 78 | Months 4 | Days 25 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Terre Haute
(STATE OR COUNTRY) Ind.

PARENTS
10. NAME OF FATHER John Rock.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ind.
12. MAIDEN NAME OF MOTHER Phoeba Young
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ind.

14. INFORMANT Riley Rock
(Address) 4428 a Cardeson St Louis

15. FILED July 31 1928 C. V. Dwyer REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to July 28, 1928, that I last saw him alive on June 1, 1928, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis & Valvular heart lesions
92A
132A
118C (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) Chronic Gastritis
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H Harry Barron, M. D
7/30, 1928 (Address) Fredericktown Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lutz Cemetery - St Francois Co
DATE OF BURIAL: July 30 1928

20. UNDERTAKER: Ed. H. Webb
ADDRESS: Fredericktown 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.