

NOV 21 1930

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

Do not use this space.

32253

1. PLACE OF DEATH

County Callaway
Township Fulton
City _____ (No. _____)

Registration District No. 104
Primary Registration District No. 3004
5153

File No. _____
Registered No. 226
St. _____ Ward)

2. FULL NAME George Rockwood

(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. 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

Della Rockwood

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

1/3-1881

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>49</u>	<u>9</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

10. NAME OF FATHER

Peter Rockwood

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

12. MAIDEN NAME OF MOTHER

Anna Sisco

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14. INFORMANT

(Address)

Mrs Minnie Thork
Fulton Mo.

15. Oct 22, 30 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

10/22 1930

17.

I HEREBY CERTIFY, That I attended deceased from Oct 21 1930, Oct 22 1930
(that I last saw him alive on Oct 21 1930, and that death occurred, on the date stated above, at 2:45 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
don't know

10/18 1930 (duration) 11/13 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Don't know

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

Place of Don't know

DID AN OPERATION PRECEDE DEATH?

no

DATE OF

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

congestion of lung

(Signed)

Frank Brown

, 19 (Address)

*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

St. Agnes Cemetery
St. Louis, Mo.

DATE OF BURIAL

10/23 1930

20. UNDERTAKER

Herndon Taylor

ADDRESS

Fulton 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.

1889