WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

MAR 27 1935

1. PLACE OF DEATH

County Macon — Registration District No. 535 — File No. 6032

Township Narrows — Primary Registration District No. 5720 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME John R Rooks

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 1935

7. AGE — YEARS: 75 — MONTHS: 10 — DAYS: 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

1 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Mo

FATHER

13. NAME John Rooks

13 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

MOTHER

15. MAIDEN NAME Hattie Mate

2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT (ADDRESS) Mrs J R Rooks R R Macon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friendship Cem DATE Feb 14 1935

19. UNDERTAKER (ADDRESS) Albert Skinner Macon Mo

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Feb 12, 1935

I last saw him alive on 11/13, 1934. Death is said to have occurred on the date stated above, at 5 P m.

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

Cardio-vascular Renal disease 131 — Date of onset about 3 yrs duration

Other contributory causes of importance:

Name of operation ..... 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) R G Donovan M. D.

(Address) Macon 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

File No. 6032
Registered No.

1. PLACE OF DEATH
County Macon
Township Harrow
City (No. St. Ward)
Registration District No. 535
Primary Registration District No. 5720

2. FULL NAME John R Rooks
(a) Residence, No. Excello, Mo RFD #1 ~~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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Sarah Rooks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4-1859

7. AGE: Years 75 | Months 10 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo

FATHER
13. NAME John Rooks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

MOTHER
15. MAIDEN NAME Hattie Hate
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT Mrs J. C. Rooks
(ADDRESS) R.R. Macon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friendship DATE 2/14 1935

19. UNDERTAKER Albert Skinner
(ADDRESS) Macon Mo

20. FILED 6/29 1935 J. B. Stokes Registrar.

SUPPLEMENTARY

131

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to Feb 12 1935
I last saw him alive on Feb 13 1934 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Vascular Renal disease	abt 3 yr duration

Other contributory causes of importance:

131

Name of operation 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?
If so, specify
(Signed) J. P. Gronoway, M. D.
(Address) Macon Mo

APR 26 1935

JUN 28 1935

S-6032