

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

Do not use this space.

AUG 16 1927

21006

1. PLACE OF DEATH

County *Cole*

Registration District No. *213-*

Township *Jefferson*

Primary Registration District No. *3014-*

City *Jefferson* (No.)

File No.

Registered No. *191-*

St. Ward)

2. FULL NAME *Cynthia Scott Rogers*

(a) Residence. No. *208 E. McLeary 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

Female

4. COLOR OR RACE

White

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

Widowed

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

Randolph Rogers

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

Oct. 22 - 1848

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, hrs. or min.

80

8

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Cooper Co

(STATE OR COUNTRY)

10. NAME OF FATHER

H. L. Scott

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Pa.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Eliz Rankin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Pa.

(STATE OR COUNTRY)

14. INFORMANT

(Address)

Thos. N. Rogers

St. Louis, Mo.

15. FILED

7/22, 1927.

D. V. Bedford

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 20 - 1927

I HEREBY CERTIFY, That I attended deceased from *Jan 1*, 1927, to *July 20*, 1927, that I last saw her alive on *July 20*, 1927, and that death occurred, on the date stated above, at *7:19* a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

499
1979 *Carcinoma of Ovary*
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Meliodontic Ovarian Cyst
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ...

18 DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *M. R. Rankin*, M. D.

(Address) *Jefferson City, Mo.*

*State the DISEASE CAUSING DEATH, for 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

DATE OF BURIAL

Riverview Cem. St. Mo. *7-22 1927*

20. UNDERTAKER

ADDRESS

Chas. P. Heinrich *St. 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.

