

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

Do not use this space.

9250

1. PLACE OF DEATH

County Jackson
Township Rau
City Kansas City (No. 6136 Walnut)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 11230
St. _____ Ward _____

2. FULL NAME

Elizabeth Jane Rodgers
(a) Residence. No. 6136 Walnut St. Ward 7
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 17, 1913

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>14</u>	<u>3</u>	<u>11</u>		

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER W. E. Rodgers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Blanche Doyle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

14. INFORMANT W. E. Rodgers
(Address) 6136 Walnut St.

15. FILED 3-29-28 M. M. Levine
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 3-25, 1928, to 3-28, 1928, that I last saw her alive on 3-28, 1928, and that death occurred, on the date stated above, at 8:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epidemic Cerebro-spinal Meningitis

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH: _____

CONTRIBUTORY (SECONDARY) 2/4
(duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

20. WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Smear smears
(Signed) Richard J. Johnson
3/28, 1928 (Address) 1014 Michigan Ave Bldg

*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 Clawood Cemetery DATE OF BURIAL 3/29/28

20. UNDERTAKER Truman Mortuary 428 Baltimore ADDRESS _____

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.

Dr. Albert A. Allen
1014 Millwood Ave.
Va. 8554 -