

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Co Registration District No. 400
Township Paine Primary Registration District No. 5553A
City Less Summit Mo St. _____ Ward _____

File No. 24154
Registered No. 96

2. FULL NAME

Louisa A Rogers
(a) Residence. No. Less Summit Mo St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 40 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) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 27-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 9 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) u
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Tenn

10. NAME OF FATHER Ben B Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Elizabeth Robinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

14. INFORMANT Thos J McKeogh
(Address) Less Summit Mo

15. FILE July 28 1928 J. M. Schisk
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1928

17. I HEREBY CERTIFY that I attended deceased from July 12 1928 to July 12 1928 that I last saw her alive on July 12 1928, and that death occurred, on the date stated above, at 7:15 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Gastritis
1120 1180
162
(duration) 7 yrs. mos. ds.

CONTRIBUTORY Family
(SECONDARY) (duration) 13 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Same
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 Symptoms
(Signed) J. M. Schisk, M. D.
, 19 (Address) Less Summit 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 Wood Lawn Cemetery DATE OF BURIAL July 15-1928

20. UNDERTAKER Not mentioned ADDRESS Ind Mo

K. 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.

PERMANENT RECORD

