JAN 23 1929

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

Do not use this space.

40195

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 12991 — Registered No. 939
City Springfield (No. St Johns Hospital St. Ward)

2. FULL NAME Elizabeth P Rogers
(a) Residence. No. Walnut Grove Mo St., Ward. Walnut Grove Mo.
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 5-1874

7. AGE: Years 54 (54) — Months 8 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Tenn.

PARENTS
10. NAME OF FATHER: M. M. Rogers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn. ~~Unknown~~
12. MAIDEN NAME OF MOTHER: Amanda Funkhouser
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn ~~Unknown~~

14. INFORMANT (Address): J W Klingner Springfield Mo.

15. FILED 1-2, 1929 O C Horst MSc REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/31 1928

17. I HEREBY CERTIFY, That I attended deceased from 12/20, 1928, to 12/31, 1928, that I last saw h... alive on 12/30, 1928, and that death occurred, on the date stated above, at 4 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93D
95A Myocarditis
Decompensated Heart
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90C
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? None
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J M Dubler, M. D
, 19 (Address) 401 St Louis

*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: Greenlawn Walnut Grove Mo. — DATE OF BURIAL: Jan 1 1929

20. UNDERTAKER: J. A. Brim & Sons — ADDRESS: Walnut Grove 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.

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