MAR 21 1929

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

Do not use this space.

File No. 542-A

Registered No.

1. PLACE OF DEATH
County Cape Gir Mo
Township Randol
City (No. St. Ward)

Registration District No. 131
Primary Registration District No. 5182

2. FULL NAME Irene Rodenberry
(a) Residence. No. Cape Gir Co 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 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): Infant

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31 1928

7. AGE: Years | Months | Days 22 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cape Gir Co Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Ernest Rodenberry
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Cape Gir Co Mo
12. MAIDEN NAME OF MOTHER Mary Tomkohl
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Cape Gir Co Mo

14. INFORMANT Ernest Rodenberry
(Address) Cape Gir Mo

15. FILED March 16 1929 Oliver J Miller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 31st, 1928, to Jan 23, 1929, that I last saw her alive on Dec 31st, 1928, and that death occurred, on the date stated above, at 5 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11B
(duration) yrs. mos. 25 ds.

CONTRIBUTORY (SECONDARY) Dont Know
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O J Miller, M. D
, 19 (Address) Egypt Mills 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: Jona Cemetary
DATE OF BURIAL: Jan 24 1929

20. UNDERTAKER: Al Brinkopf
ADDRESS: Cape Gir Mo

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.