

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

Do not use this space.

5745

1. PLACE OF DEATH

County Cape Girardeau
Township "
City " (No. St. Francis Hospital)

Registration District No. 125
Primary Registration District No. 3009

File No. _____
Registered No. 59
St. _____ Ward _____

2. FULL NAME

Arthur Dallas Rodgers

(a) Residence. No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10 - 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>39</u>	<u>10</u>	<u>17</u>	<u>17</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY) Eagle Creek

10. NAME OF FATHER Jacob C. Rodgers

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

12. MAIDEN NAME OF MOTHER Charity Ann Seatz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

14. INFORMANT Walter Rodgers Jr.
(Address) East Prairie, Mo.

15. FILED 2/28 1929 W. Naumoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/27 - 1929

17. I HEREBY CERTIFY, That I attended deceased from 2/26, 1929, to 2/27, 1929 that I last saw h. 14 alive on 2/26, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CEREBRO-SPINAL MENINGITIS
(EPIDEMIC)
18 (duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY (SECONDARY) 24 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED East Prairie Mo
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Spinal Fluid Ex.

(Signed) A. J. Smith, M. D.

, 19 _____ (Address) Cape Girardeau

*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 Sugar Tree Ridge DATE OF BURIAL Feb 28 1929

20. UNDERTAKER Travis Shelby ADDRESS East Prairie Mo.

