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

Do not use this space.

7355

1. PLACE OF DEATH
County New Madrid — Registration District No. 55 — File No. 7
Township Anderson — Primary Registration District No. 4033 — Registered No. 802
City Gideon (No. ..... St. ..... Ward)

2. FULL NAME Sarah Agnes Rodgers
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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.

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.

MAR 25 1929

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): Nov 7-1928
7. AGE: YEARS — MONTHS: 3 — DAYS: 13 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(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) (STATE OR COUNTRY): Gideon Mo
PARENTS
10. NAME OF FATHER: Frank Rodgers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Grays Co Kentucky
12. MAIDEN NAME OF MOTHER: Della Copeland
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
14. INFORMANT (Address): Frank Rodgers Gideon Mo
15. FILED Mar 11 1929 M. V. Mumme REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 20 1929
17. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1929, to Feb 20, 1929 that I last saw her alive on Feb 20, 1929, and that death occurred, on the date stated above, at 11 30 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
(duration) yrs. mos. 13 ds.
CONTRIBUTORY (SECONDARY): Meningitis (pneumococcic)
(duration) yrs. mos. 2 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. H. Cochran, M. D
2/21, 1929 (Address) Gideon, 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: Mt Gilead — DATE OF BURIAL: Feb 21 1929
20. UNDERTAKER: R B Meenleneyer — ADDRESS: Gideon Mo