MAY 22 1930

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

Do not use this space.

11609

1. PLACE OF DEATH
County Barry
Township Cassecane
City ~~Wheaton~~ (No. ..... St. ..... Ward)

Registration District No. ~~1168~~ 31
Primary Registration District No. 5042 B

File No. .....
Registered No. 13 -

2. FULL NAME Docie 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 16 yrs. 1 mos. 20 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 30 1914

7. AGE: 16 YEARS | MONTHS: 1 | DAYS: 20 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Purdy
(STATE OR COUNTRY): Missouri Barry

PARENTS
10. NAME OF FATHER: Homer Harell
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Lawrence Ch
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Georgia Brooks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Lawrence Ch
(STATE OR COUNTRY): Missouri

14. INFORMANT: Roy Rodgers
(Address): Purdy Missouri R.F.C.

15. FILED 4-22 1930 Mattie Blankenship
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 20 1930

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1930, to April 20, 1930 that I last saw h. C. R. alive on April 20, 1930, and that death occurred, on the date stated above, at 5:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis
Septicemia
-140
36 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Abortion
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 146
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical finding
(Signed) C. W. Ador, M.D.
April 20 1930 (Address) Wheaton, 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: Muncie Chapell
DATE OF BURIAL: 4/22 1930

20. UNDERTAKER: Belka & Wessells
ADDRESS: Wheaton

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.