

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

Do not use this space.

12275

MAY 20 1930

1. PLACE OF DEATH

County Gentry
Township 1
City Darlington (No.)

Registration District No. 310
Primary Registration District No. 5429A

File No.
Registered No. 64 St. Ward)

2. FULL NAME Mary Rogers

(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 female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Rogers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 9 - 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 4 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Eddyville (STATE OR COUNTRY) Iowa

10. NAME OF FATHER John Burgess

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

12. MAIDEN NAME OF MOTHER ---

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

14. INFORMANT Andy Ireland (Address) Albany Mo

15. FILED Mattie David 19 --- REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-4-1929 to 4-9-1930 that I last saw her alive on 4-5-1930, and that death occurred, on the date stated above, at 8 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic Brights disease
chronic myocarditis

124R
131 (duration) 2 yrs. mos. ds.
930
CONTRIBUTORY Cirrhosis of Liver (SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? no DATE OF ---

WAS THERE AN AUTOBIO? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Frank H Rose, M. D.

4-10-1930 (Address) Albany 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 DATE OF BURIAL

basinack April 11 1930

20. UNDERTAKER H. J. Bare ADDRESS Albany

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.

