

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

Do not use this space.

11321

1. PLACE OF DEATH

105 County Sullivan
Township Jackson
City _____ (No. _____)

Registration District No. 852
Primary Registration District No. 6124

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

2. FULL NAME

unnamed 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 10, 1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
				<u>15</u>

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) Sullivan Co., Mo.

10. NAME OF FATHER Simon Earl Rodgers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wright Co., Missouri

12. MAIDEN NAME OF MOTHER Esti Mabel Lippincott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wright Co., Mo.

14. INFORMANT Dr. Rodgers

(Address) Windsor Mo.

15. FILED 3/15, 1932 Maynard Caffee

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1932 to Mar. 10, 1932 that I last saw her alive on Mar. 10, 1932, and that death occurred, on the date stated above, at 4:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth caused by premature separation of placenta
159 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

5 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. S. Montgomery, M. D.

Mar. 10, 1932 (Address) Windsor 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

Beardstown, Ill Co Mo Mar 11 1932

20. UNDERTAKER ADDRESS

Jackson St Windsor Mo

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.

WHITE PLAIN. WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 30 1932

