WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

19466

1. PLACE OF DEATH

County Jackson Registration District No. 195

Township Kaw Primary Registration District No. 1008

City KC, Mo. (No. Mercy Hospital St. Ward)

File No. 2208

Registered No.

2. FULL NAME Betty Jean Rogers

(a) Residence. No. Maple Park Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-30-28

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	4	4	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Arthur Rogers

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

12. MAIDEN NAME OF MOTHER Ruth M Field

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

14. INFORMANT Arthur Rogers
(Address) Maple Park Mo

15. FILED June 6, 1932 M. M. Crowe asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-5 1932

17. I HEREBY CERTIFY, That I attended deceased from 5-29-32, 19..., to 6-5, 1932 that I last saw her alive on 6-4, 1932 and that death occurred, on the date stated above, at 3:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis
1218
129
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Appendicitis
121 (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at Home

DID AN OPERATION PRECEDE DEATH? DATE OF (1)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W M Howard, M. D.

, 19 (Address) 1710 Lady Jane

*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
Liberty Mo	6-6 1932
20. UNDERTAKER	**ADDRESS**
Mrs C L Forster	KC Mo