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

Do not use this space.

23194

File No. .....
Registered No. 69

1. PLACE OF DEATH
County 49 Jasper
Township 11
City 7 Webb City (No. ....., ... St. ..... Ward)
Registration District No. 417
Primary Registration District No. 704

2. FULL NAME Mrs. Cristine Rodgerson
(a) Residence. No. 305 Shenandoah 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.

AUG 24 1932

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 Ellis Rodgerson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10 1881

7. AGE: Years 52 | Months 1 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): 2.5
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bonne County
(STATE OR COUNTY) Missouri

PARENTS
10. NAME OF FATHER Ambrose Wainscott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTY) Virginia
12. MAIDEN NAME OF MOTHER Martha Janet Wainscott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTY) Missouri

14. INFORMANT Ellis Rodgerson
(Address) Webb City Mo.

15. FILED 7/30, 1932 P. W. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1932

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1932, to July 29 1932 that I last saw h. alive on July 28, 1932, and that death occurred, on the date stated above, at 4:40 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cardiac Decompensation
Acute Myocarditis (duration) ..... yrs. 1 mos. 8 ds.
CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED (1)
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) [illegible], M. D.
July 30 1932 (Address) Webb City 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: Webb City Cemetery
DATE OF BURIAL: 7/31 1932

20. UNDERTAKER: Webb City Mod Co.
ADDRESS: Webb City

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.