

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

Do not use this space.

28676

1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 125
 1 Township Primary Registration District No. 0009
 8 City Mo. (No.) St. Ward

2. FULL NAME Elizabeth Caroline Rogers
 (a) Residence, No. St. Francis Hospital Ward. Oran, Mo.
 (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.

File No.
 Registered No. 226
 St. Ward

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 OR (OR) WIFE OF John W. Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>21</u>	<u>11</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2-23

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chaffee Mo.

FATHER
 13. NAME Leo Halter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Annie Schott
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co. Missouri

17. INFORMANT John W. Rogers
 (ADDRESS) Oran, Mo.

18. BURIAL, CREMATION, OR REMOVAL
Guardian Angel - Oran PLACE Mo. DATE Sept 19, '32

19. UNDERTAKER Boyle & Hubbard
 (ADDRESS) Chaffee Mo.

20. FILED 9/17 1932 W. B. Timpfer
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/11 1932 to 7/17 1932
 I last saw him alive on 9/16 1932 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
APPENDICITIS
1213
1220
121 (1)
 Other contributory causes of importance:
INTESTINAL OBSTRUCTION
(POST-OPERATIVE)
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) W. B. Timpfer M. D.
 (Address) Cape Girardeau

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.

OCT 24 1932

WHITE-LETTER WITH ON-RODING INK—THIS IS A PERMANENT RECORD

