

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

Do not use this space.

23190

1. PLACE OF DEATH

County JACKSON Registration District No. 399
 Township KAW Primary Registration District No. 1002
 City KANSAS CITY (No. 4236; WINDSOR St. _____ Ward _____)

File No. _____
 Registered No. 2896
 St. _____ Ward _____

2. FULL NAME MISS NELL ROGERS

(a) Residence, No. 4236 WINDSOR St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER-17-1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>72</u>	<u>6</u>	<u>28</u>	

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

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

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

12. BIRTHPLACE (CITY OR TOWN) NEW ANTIOCH
 (STATE OR COUNTRY) OHIO

13. NAME SAMUEL W. ROGERS

14. BIRTHPLACE (CITY OR TOWN) NEW ANTIOCH
 (STATE OR COUNTRY) OHIO

15. MAIDEN NAME ANN RANNELLS

16. BIRTHPLACE (CITY OR TOWN) UNIONTOWN
 (STATE OR COUNTRY) PENNSYLVANIA

17. INFORMANT MRS. ALFRED B. CHRISMAN
 (ADDRESS) 4236 WINDSOR AVE.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE STEWARTSVILLE, Mo. DATE July 14 1933

19. UNDERTAKER D.W. NEYBOMBER'S SONS
 (ADDRESS) KANSAS CITY, MISSOURI

20. FILED July 13 1933 M. T. Crowe
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1933

22. I HEREBY CERTIFY That I attended deceased from June 12 1933 to July 12 1933
 I last saw h. alive on July 12 1933 Death is said to have occurred on the date stated above, at 3:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Obstructive jaundice
superimposed upon
chronic myocarditis
and nephritis
 Date of onset _____
 Other contributory causes of importance: 93C
132A
127D

Name of operation _____ Date of _____
 What test confirmed diagnosis? Typhoid 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? no
 If so, specify _____

(Signed) Elisabeth P. Marshall M. D.O.
 (Address) 4212 Windsor Ave

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.

FATHER 2
 MOTHER 2

