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.

30911

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1170 — File No.

Township Central — Primary Registration District No. 6248-H — Registered No. 196

City Richmond Heights (No. St. Marys Hospital-6420 Clayton Road Ward)

2. FULL NAME Cordelia Samuel Rodgers

(a) Residence, No. 103 W. Cedar St., Ward. Webster Groves, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred XX yrs. XX mos. 5 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)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED Widowed
~~HUSBAND OF~~ ~~XX~~ WIFE OF Dr. James William Rodgers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 6, 1841

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
82	0	15	

OCCUPATION

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

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

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) Bowling Green, Pike County, Missouri

FATHER

13. NAME Samuel McMillin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cynthiana, Harrison County, Kentucky

MOTHER

15. MAIDEN NAME Mary Ann Caldwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bath County, Kentucky

17. INFORMANT James Samuel Rodgers (son)
(ADDRESS) 45 S. Gore, Webster Groves, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bowling Green, Mo. DATE Sept. 24, 33

19. UNDERTAKER Allen W. McLaughlin
(ADDRESS) 23 W. Lockwood, Webster Groves, Mo.

20. FILED Sept 22, 1933 Gertrude Porter
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933 to Sept 21, 1933

I last saw her alive on Sept 21, 1933 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidemic Encephalitis	9/13
11	
94	
11	
Other contributory causes of importance:	
Arteriosclerosis	2/3/31

Name of operation No Date of

What test confirmed diagnosis? Spinal puncture Was there an autopsy? yes

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) H. A. Goodrich, M. D.

(Address) 17 E. Lockwood