

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

Do not use this space.

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FEB 27 1934
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1. PLACE OF DEATH Scott
 County Scott Registration District No. 1151
 Township Kelso Primary Registration District No. 4588
 City Farmfelt (No. _____) St. _____ Ward _____
 2. FULL NAME Wanda May Rogers
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 yrs. 9 mos. 20 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6 - 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 9 20
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) (STATE OR COUNTRY) _____
 13. NAME C.T. Rogers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 15. MAIDEN NAME Fanny Beck
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 17. INFORMANT C.T. Rogers
 (ADDRESS) Farmfelt
 18. BURIAL, CREMATION, OR REMOVAL PLACE Prophet C.W. Burdett DATE Jan 27 1934
 19. UNDERTAKER Resplumhoff Hubbard
 (ADDRESS) See above
 20. FILED 1-27 1934 B. J. Coy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26-1934
 22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1934, to 1-26, 1934
 I last saw him alive on 1-26, 1934 Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
1-16-34
 Other contributory causes of importance:
Flu - Bronchitis
1-16-34
 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? NO
 If so, specify _____
 (Signed) L. S. Cannon _____, M. D.
 (Address) Farmfelt Mo

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.

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