

MAY 25 1934

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

Do not use this space.

13879

1. PLACE OF DEATH

County LacledeRegistration District No. 707Township W. 2ndPrimary Registration District No. 5729City Walden (No.)

St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFM M Rogers

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

June 15 - 1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.80105

OCCUPATION

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.

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)Jenn

MOTHER FATHER

13. NAME

Abraham Finkhouse14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Jenn

15. MAIDEN NAME

Elizabeth Neff16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Jenn17. INFORMANT
(ADDRESS)Jane Hayter
Walnut Grove Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenlawn DATE April 21 193419. UNDERTAKER
(ADDRESS)Tom Guyere Stone
Walnut Grove Mo

20. FILED

April 30 1934 Verna Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 193422. I HEREBY CERTIFY, That I attended deceased from
Feb 10 1930, to April 18 1934I last saw h.w. alive on april 18 1934 Death is said
to have occurred on the date stated above, at 10:30 a.m.

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

Nephritis
1934

Other contributory causes of importance:

Date of onset

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

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) L E McColup M. D.(Address) Walnut Grove 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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