

SEP 1 1934

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

Do not use this space.

31723

## 1. PLACE OF DEATH

County *Vernon*  
Township *Center*  
City *Nevada, Mo.* (No. \_\_\_\_\_)

Registration District No. *875*  
Primary Registration District No. *3039*

File No. \_\_\_\_\_  
Registered No. *182*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

*Mary Jane Rogers*  
(a) Residence, No. *413 E. Lee* St., *2nd* Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *36* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <i>Wm Henry Rogers</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 23rd 1864</i>		
7. AGE	YEARS <i>70</i>	MONTHS <i>6</i>
	DAYS <i>9</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	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) <i>Worcester England</i>		
FATHER	13. NAME <i>Mr Chance</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>England</i>	
MOTHER	15. MAIDEN NAME <i>Mrs Hill</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>England</i>	
17. INFORMANT (ADDRESS) <i>Nora Rogers 413 E. Lee St Nevada, Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Newton Burial Park</i> DATE <i>Sept 2nd 1934</i>		
19. UNDERTAKER (ADDRESS) <i>Hays Funeral Bur. 3001 West Cherry Nevada, Mo</i>		
20. FILED <i>Sept 4 1934</i> <i>M. Cushing</i> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 31st 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 7th 1934*, to *Aug 31st 1934*.  
I last saw h. *et* alive on *Aug 31st 1934*. Death is said to have occurred on the date stated above, at *8 P. m.*  
The principal cause of death and related causes of importance were as follows:  
*Gastro-Intestinal fever*  
*71 B*  
Date of onset *Aug 7-34*

Other contributory causes of importance:  
*Anaemia*  
*Unknown*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

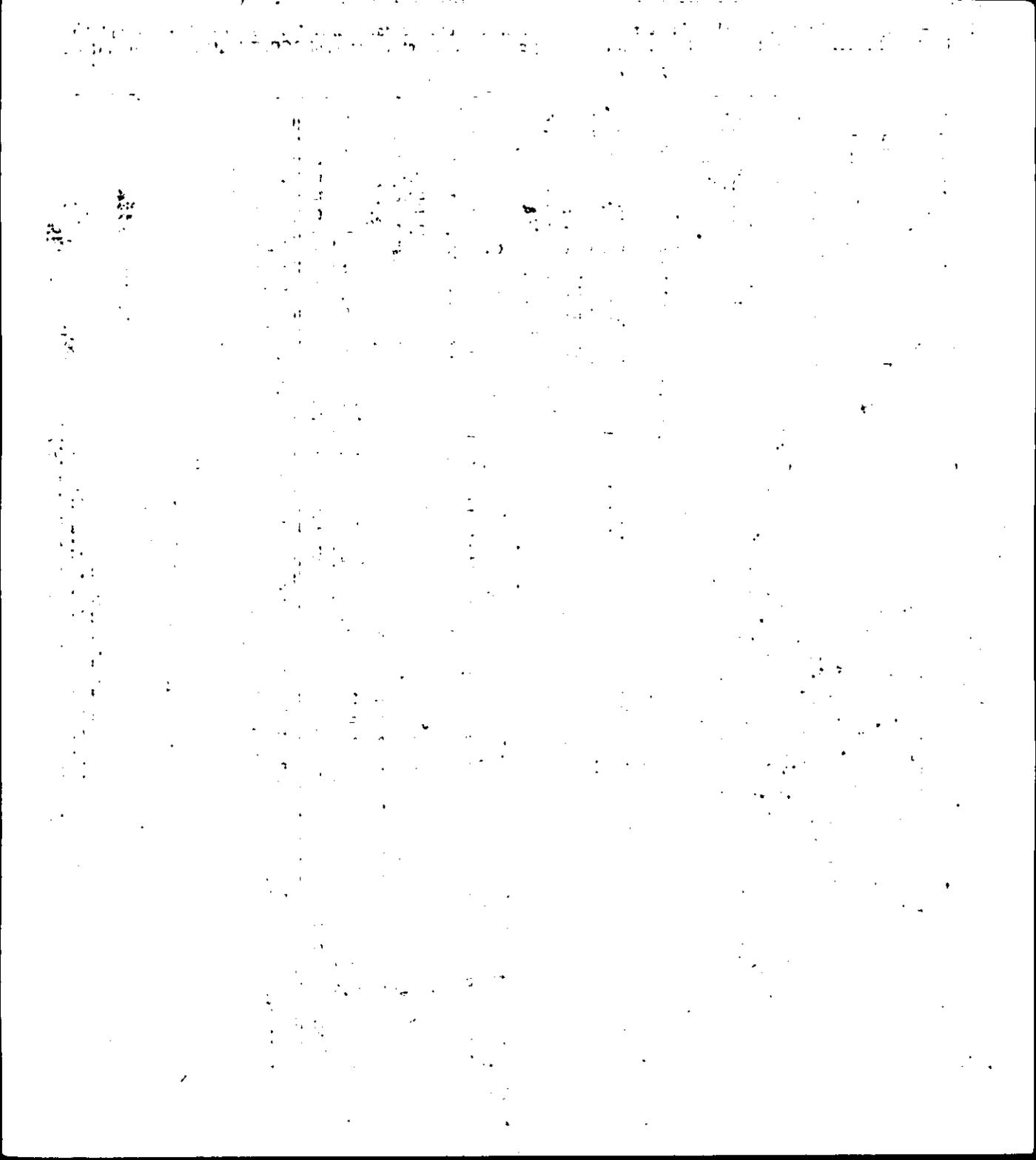
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or 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 *no*  
(Signed) *Est. Liston*, M. D.  
(Address) *Nevada, 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.

RECORD WITH CHANGING IN THIS IS A PERMANENT RECORD



*Vernon*

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mary Jane Rogers  
Who died at \_\_\_\_\_ on Aug 31 - 1935  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 70 Months 6 Days 9

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Gastro Intestinal fever Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Gastro-intestinal fever - Acute

Other contributory causes of importance Anemia

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? no Was there an autopsy? no

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician E. H. Lister M.D.

Address of physician \_\_\_\_\_

Signature of Registrar M. Eichinger Date filed Sept. 4, 1935

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 875

Primary Reg. Dist. No. 3039

*Mr. Lister*

*E. T. McLaugh*

State Registrar  
Special Agent.

S-31723