

JUL 18 1936

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

Do not use this space.
8546-2
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1. PLACE OF DEATH

County Cooper
Township Lebanon
City..... (No....., St. Ward)

Registration District No. 27
Primary Registration District No. 6300

File No.....
Registered No.....

2. FULL NAME Mrs Sarah E. Rogers

(a) Residence, No..... St., Ward.
(Usual place of abode)

(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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Rogers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21st 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 13

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. excellent
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) Cooper Co., Mo.
Louis Coffman

MOTHER FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

15. MAIDEN NAME Eliza Carrol

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT Jno. W Rogers.
(ADDRESS) Otterville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Otterville Mar 6th, 1936
J L Spillers

19. UNDERTAKER (ADDRESS) Otterville Mo.

20. FILED 7/14 19 36 Robert Fogle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 19 36

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 19 36, to 3-4, 19 36. I last saw h..... alive on 3-4, 19 36. Death is said to have occurred on the date stated above, at 11 p.m.
The principal cause of death and related causes of importance were as follows:

Influenza
118
Other contributory causes of importance: encephalitis
Date of onset 2/19/36

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.....
(Signed) Robert Fogle..... M. D.
(Address).....

—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

