

NOV 26 1935

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

Do not use this space.

33060

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
Township _____ Primary Registration District No. 2007 Registered No. _____
City Joplin (No. St. Johns Hospital Ward)

2. FULL NAME

Clara Ellen 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 <u>Female</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>no record</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>no record</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 22 - 1902</u> | | |
| 7. AGE | YEARS <u>34</u> | MONTHS <u>4</u> |
| | | DAYS <u>12</u> |
| | If LESS than 1 day, _____ hrs. or _____ min. | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housework</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u> | |
| | 10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____ | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Central City MO</u> | | |
| MOTHER | 13. NAME <u>J. M. Rogers</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u> | |
| | 15. MAIDEN NAME <u>Mary Jones</u> | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u> | | |
| 17. INFORMANT <u>J. M. Rogers</u> (ADDRESS) <u>head of bed</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Home</u> DATE <u>10-6-35</u> | | |
| 19. UNDERTAKER <u>Phyllis</u> (ADDRESS) <u>Joplin</u> | | |
| 20. FILED <u>10-5-35</u> <u>Ed. J. Jones</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-4-1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1935, to Oct 4, 1935
I last saw her alive on Oct 4, 1935 Death is said to have occurred on the date stated above, at 30 m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus
Date of onset 5 yrs?

Other contributory causes of importance:
Hemorrhage and metastasis

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 1, 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) W. M. Gaughney, M. D.
(Address) Joplin, 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.

McGaughey

MISSOURI STATE BOARD OF HEALTH - A PERMANENT RECORD

