WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

JAN 13 1936

Do not use this space. 41012 10187

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003 File No.....

City St. Louis Mo. (No. City Hospital No. 2 St. ..... Ward) Registered No.....

2. FULL NAME Betty Rogers

(a) Residence, No. 370 A - Windsor Ward. 11 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 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: Negro

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 1857

7. AGE: Years 78 Months 4 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil

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) Mississippi

FATHER

13. NAME Richard Westfiss

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

MOTHER

15. MAIDEN NAME Sylvia Bryant

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

17. INFORMANT Julia Jordan (ADDRESS) 2945 - Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Mo DATE Dec 5th 1935

19. UNDERTAKER People Und Co (ADDRESS) 3100 Franklin Ave

20. FILED DEC - 3 1935 19 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1 — 1935

22. I HEREBY CERTIFY, That I attended deceased from 11 - 12 - 1935, to 12 - 1 - 1935

I last saw her alive on 12 - 1 - 1935 Death is said to have occurred on the date stated above, at 1:00 A.M.

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

	Date of onset
Degenerative Heart Disease	11-12-35

Other contributory causes of importance: 93C

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?.....

If so, specify.....

(Signed) James B. Harrison M. D.

(Address) 2945 - Lawton St. L.

100M-3-28-35