

AUG 19 1936

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

Do not use this space.

26076

1. PLACE OF DEATH

County Daviess
Township Union
City Gallatin (No. St. Ward)

Registration District No. 250
Primary Registration District No. 4150

File No.
Registered No. 791

2. FULL NAME Emily M. Rogers

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

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 OF Levi B. Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
82 0 21

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) July 1936 11. Total time (years) spent in this occupation, life

12. BIRTHPLACE (CITY OR TOWN) Wenona
(STATE OR COUNTRY) Illinois

FATHER
13. NAME Alston Bowman

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

MOTHER
15. MAIDEN NAME Joan Story

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

17. INFORMANT Miss Dollie Rogers
(ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brown Cemetery DATE July 10, 1936

19. UNDERTAKER Hope Furn. & Undt. Co.
(ADDRESS) Gallatin, Mo.

20. FILED 7-13 1936 P. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1936, to July 8, 1936;
I last saw her alive on July 7, 1936 Death is said to have occurred on the date stated above, at 11:25 AM

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

Mitral Regurgitation: Date of onset

Other contributory causes of importance

Chronic Bronchial Asthma

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? No.

If so, specify _____

(Signed) L. B. Dooler, M. D.

(Address) Gallatin, 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.

