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

AUG 25 1936

Do not use this space.

32250

File No.

Registered No. 241

1. PLACE OF DEATH
County St. Louis Registration District No. 789
Township Normandy Primary Registration District No. 6033
City Normandy (No. 7121 Woodrow St. Ward)

2. FULL NAME Fannie T. Rogers
(a) Residence, No. 7121 Woodrow St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11 1857

7. AGE YEARS 78 MONTHS 7 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

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.
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) Unknown Virginia

FATHER
13. NAME John Henderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Nancy Halbrook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Lewis Magner 7121 Woodrow

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE Aug 11 1936

19. UNDERTAKER (ADDRESS) L. B. Tanner 6107 Natural Bridge Rd

20. FILED 8-10-1936 H A Bohlmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-9, 1936, to 8-9, 1936.
I last saw her alive on 8-9, 1936. Death is said to have occurred on the date stated above, at 7:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	10 da
101	

Other contributory causes of importance:

Chr. Myocarditis	6 yrs.
Chr. Nephritis	10 yrs
Arterio sclerosis	"

Name of operation none Date of no
What test confirmed diagnosis? physical 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? no
If so, specify none
(Signed) Geo H Klinkerfuss, M. D.
(Address) 340 Bermuda