

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County AndrewTownship East RiverCity Mexico MoRegistration District No. 26Primary Registration District No. 3002File No. 30009Registered No. 127

St. _____ Ward)

2. FULL NAME

(a) Residence, No. 302 N Wade St.,

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 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>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James E. Rogalski</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov - 2nd 1848</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>9</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house wife</u>		
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) <u>Hannibal Mo</u>		
13. NAME <u>John Cox</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hannibal Mo</u>		
15. MAIDEN NAME <u>Mary E. Howard</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellevue Mo</u>		
17. INFORMANT (ADDRESS) <u>W. D. Eller</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellevue Mo</u> DATE <u>8/26/37</u>		
19. UNDERTAKER (ADDRESS) <u>Mullan + Barkley</u>		
20. FILED <u>8-25-37</u> <u>Blanche Neely</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-21-1937 to 8-24-1937

I last saw him alive on 8-24-1937 Death is said to have occurred on the date stated above, at 9:40 P. m.

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

Acute Lobaritis

Other contributory causes of importance:

Senility
Chronic Myocarditis

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) J. F. Hamilton, M. D.,(Address) Mexico Mo

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.

