

NOV 22 1937

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

Do not use this space.

2-79. E. C.

1. PLACE OF DEATH

County Pemiscot Registration District No. 605 File No. 38427
Township Vergenia Primary Registration District No. 5872 Registered No.
City Steele (No.) St. Ward

2. FULL NAME

Rosie marie Rodgers

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. 12 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4th 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
10 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Steele Mo

FATHER 13. NAME O. Ho Rogers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leachville Ark

MOTHER 15. MAIDEN NAME Mable J. Mc Spairns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geniva Mo.

17. INFORMANT O. H. Rogers (ADDRESS) Holland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hornersville, Mo. DATE July 16 37

19. UNDERTAKER (ADDRESS) German Undt Co Steele, Mo.

20. FILED 8/10 1937 L. J. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 37

I HEREBY CERTIFY That I attended deceased from July 14 1937 to July 15 1937
I last saw her alive on July 15 1937 Death is said to have occurred on the date stated above, at 3:30am

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

Bronchial Pneumonia
Whispering Cough

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
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 L. E. Cooper M. D.
(Signed) Cooper, Mo. (Address)

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.

