

DEC 29 1937

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

Do not use this space.

42640

1. PLACE OF DEATH

County Stoddard
Township Castor
City..... (No....., St..... Ward)

Registration District No. B. 577
Primary Registration District No. lee 99

File No.....
Registered No.....

2. FULL NAME Opal Ruth Rogers

(a) Residence, No. Bloomfield, Mo., R. F. D. ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 3, 1903

7. AGE YEARS 33 MONTHS 11 DAYS 24 If LESS than 1 day,hrs. ormin.

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) Missouri

13. NAME Jack Harper

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

15. MAIDEN NAME Sarah Lawrence

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

17. INFORMANT Henry Rogers (ADDRESS) Bloomfield, Mo., R. F. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bluff Cemetery DATE Nov. 28, 1937

19. UNDERTAKER Chiles Undertaking Co. (ADDRESS) Bloomfield, Missouri

20. FILED Dec 4, 1937 Dr. Edu. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1937 to Nov. 27, 1937
I last saw her alive on Nov. 27, 1937 Death is said to have occurred on the date stated above, at 3:55 p.m.

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

Influenza

Other contributory causes of importance: none

Name of operation..... Date of.....

What test confirmed diagnosis Clinical 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.

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) Edward Ford, M. D.

(Address) Bloomfield, Mo.

Every item of information should be carefully supplied. Age should be stated exactly. I. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION

MOTHER FATHER

Date of onset
AK

