REC'D AUG 9 1939

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

Do not use this space.
25998

1. PLACE OF DEATH
County Jefferson / Registration District No. 424
Township Big River / Primary Registration District No. 5529
City Fletcher Mo. (No. ..... St. ..... Ward)

File No. 128
Registered No. .....

2. FULL NAME MARY ANN ROGERS.
(a) Residence, No. R.R. Nostar Fletcher St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1893

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46	0	26	

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) De Soto. Mo.

FATHER
13. NAME Tom Clover.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) House Springs Mo.

MOTHER
15. MAIDEN NAME Eva Adams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Jame E. Rogers
(ADDRESS) Star Route Fletcher

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fletcher Mo DATE June 28, 1939

19. UNDERTAKER Mothershead
(ADDRESS) De Soto Mo

20. FILED Aug 5, 1939 E. V. Eaton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1939, to June 25, 1939
I last saw her alive on June 25th, 1939. Death is said to have occurred on the date stated above, at 5:00 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute intestinal obstruction	6-24-39
Other contributory causes of importance: Influenza	6-20-39

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. P. Langela, M. D.
(Address) 395 De Soto, 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.

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