

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

Do not use this space.

5452

FILED MAR 5 1943

1. PLACE OF DEATH
County Jackson Registration District No. 149
Township Ross Primary Registration District No. 1002
City X C. Mo (No. 3241, Wabash) St. _____ Ward _____

2. FULL NAME IDA B ROGERS
(a) Residence, No. 423 Brown 1105 Pacific Osawatomie Kans. Ward _____
(Usual place of abode) (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 ♀ 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 2 Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 22, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 3 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dietician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home.

10. Date deceased last worked at this occupation (month and year) July 1940 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mapleton Kansas.

13. NAME Thomas V. Brown

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

15. MAIDEN NAME Nancy Jane Campbell

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

17. INFORMANT (ADDRESS) Eldon M. Brown Osawatomie Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) Gray & Sons Osawatomie Mo.

20. FILED 2/22/43 1943 M. M. Crown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1943

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1943, to Feb 20 1943
I last saw her alive on Feb 19 1943 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:
Fractured femur Date of onset 1. 20. 43
1860
Other contributory causes of importance:
Bronchial Pneumonia 2-11-43
Cardiac failure 2-20-43

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? 3rd Date of injury 1-20 1943
Where did injury occur? Osawatomie Kans.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home 136

Manner of injury Fall in home
Nature of injury Fractured femur

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) J. S. Hall _____, M. D.
(Address) 1102 E 47th

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.

MARGIN RECORD FOR BINDING

V. S. 50M-10-22-36 I X 9314

