

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

Do not use this space.

35257

1. PLACE OF DEATH

County DeKalb
Township Adams
City (No.)

Registration District No. 263
Primary Registration District No. 2-365

File No. 8
Registered No. 8
St. Ward

2. FULL NAME Ida May Rogers

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

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 Julison Rogers				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 1861				
7. AGE	YEARS 71	MONTHS 2	DAYS 4	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Victoria Illinois			
FATHER	13. NAME John Fread			
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania			
MOTHER	15. MAIDEN NAME Lucinda Knapp			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania			
17. INFORMANT Mrs J.C. Wilson (ADDRESS) Maysville Mo				
18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Maysville DATE 11/ 27 32				
19. UNDERTAKER U.G. Pilcher (ADDRESS) Maysville Mo.				
20. FILED 11/ 30 19 32 J.P. Hedrick Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov., 25 32**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 15 32** to **Nov. 25 32**
I last saw her alive on **Nov. 24 32**. Death is said to have occurred on the date stated above, at **6:49 a.m.**
The principal cause of death and related causes of importance were as follows:
Cardio-nephritis.
Other contributory causes of importance:
Cerebral hemorrhage.

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? **No.**
If so, specify _____
(Signed) **Handwritten Signature**, M. D.
(Address) **Maysville, Mo.**

Date of onset
1909

IN REPLY, 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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