JAN 26 1934

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

Do not use this space.

40619

1. PLACE OF DEATH

56

County Lewis — Registration District No. 477 — File No.

Township Canton — Primary Registration District No. 5641 — Registered No. 574

City Canton, Mo (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Louisa Deobra Rogers

(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. 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 Mr. James W. Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1856

7. AGE: YEARS 77 — MONTHS 5 — DAYS -0- — If LESS than 1 day, ..... hrs. or ..... min.

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) June 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co. Mo.

FATHER

13. NAME James W. Kastor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Amanda Henton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County

17. INFORMANT (ADDRESS) Mr. James W. Rogers Canton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Grove Canton Mo DATE Dec. 25, 1933

19. UNDERTAKER (ADDRESS) F. D. Kelly Canton Mo

20. FILED Dec. 24, 1933 H. W. Harris Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Dec 23, 1933
I last saw her alive on Dec 22, 1933 Death is said to have occurred on the date stated above, at 8.30 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus — Date of onset July 1933

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Sympt. 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.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) S. Phillard M.D.
(Address) Canton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.