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.

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

Do not use this space.

16392

1. PLACE OF DEATH GREENE.
County ..... Registration District No. 318 File No. 222
Township ..... Primary Registration District No. 2001 Registered No. .....
City SPRINGFIELD (No. 2207 N. BROADWAY St. ..... Ward)

2. FULL NAME FRANCES B. ROGERS
(a) Residence, No. 2207 N. BROADWAY St. ..... 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 FEMALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31-1847
7. AGE YEARS 86 MONTHS 6 DAYS 16 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. IN HOME
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

31 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

FATHER
13. NAME JACOB W. ROGERS.
31 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME JANE PORTER MARSHALL
31 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) J. J. ARRINGTON SPRINGFIELD, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE HAZELWOOD DATE MAY 18, 1934
19. UNDERTAKER (ADDRESS) J. W. KLINGNER & CO. SPRINGFIELD, MO.
20. FILED 5-17, 1934 John W. Williams Registrar
Ralph W. Ellington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1933, to May 15, 1934
I last saw her alive on May 14, 1934 Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis - General

97

97

Date of onset

Other contributory causes of importance:

Name of operation none. 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.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Francis B. Clemp, M. D.
(Address) Springfield