OCT 28 1935

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

Do not use this space.

30335

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. ~~288~~ ~~289~~
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. 1609 S. Stewart St. Ward)

2. FULL NAME Clara Diffendaffer Rogers
(a) Residence, No. 1609 S Stewart 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. L. Rogers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7-1857
7. AGE YEARS 78 MONTHS 8 DAYS 7 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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER
13. NAME A. J. Crawford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Turley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Chas. T. Diffendoffer
18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE 9/16 1935
19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia Mo.
20. FILED Sept 16 1935 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Sept 14, 1935
I last saw her alive on Sept 14, 1935 Death is said to have occurred on the date stated above, at 1:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia 9562	?
Other contributory causes of importance:	
Cardio-Nephritis	?

Name of operation None Date of
What test confirmed diagnosis? Findings Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Jno B. Carlisle, M. D.
(Address) 314 Ohio St. Sedalia Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.