

MAY 28 1936

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

Do not use this space.

18228

1. PLACE OF DEATH

County Stoddard
Township Richland
City Richland (No.)

Registration District No. 839
Primary Registration District No. 6101

File No.
Registered No. 15 (Ward)

2. FULL NAME

Nettie Jane Lowery Rodgers

(a) Residence, No. 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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

H. C. Rodgers

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

7. AGE

42

YEARS

2

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

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

Housekeeper

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)Waverly City

MOTHER

13. NAME

Jess Lowery14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Wayne Co. Mo.

15. MAIDEN NAME

Victoria Holley16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Tenn.17. INFORMANT
(ADDRESS)Lish Lowery

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bluff Cem. DATE 4/27 36

19. UNDERTAKER
(ADDRESS)W. J. Hopkins

20. FILED

4-261936J. P. Brandon

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 25, 1936

22. I HEREBY CERTIFY, That attended deceased from

April 21, 1936 to April 25, 1936I last saw her alive on April 25, 1936. Death is saidto have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Influenza

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?

If so, specify

(Signed) J. P. Brandon, M. D.(Address) Bluff Cem., Mo.

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.

