

MAY 28 1936

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

Do not use this space.

18230

1. PLACE OF DEATH

County Stoddard
Township Richland
City (No. St. Ward)

Registration District No. 839.
Primary Registration District No. 6101.

File No. _____
Registered No. 19.

2. FULL NAME Harry C. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Nellie Lowrey Rodgers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 8 1886</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>0</u>
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Williamson County</u> <u>Ill</u>		
MOTHER FATHER	13. NAME <u>William Rodgers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
	15. MAIDEN NAME <u>Anna Bearden</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT <u>W. C. Rodgers</u> (ADDRESS) <u>Brookland Arkansas</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bluff Cem.</u> DATE <u>4/28/36</u>		
19. UNDERTAKER <u>Walter J. Hopkins</u> (ADDRESS) <u>Berndt Mo.</u>		
20. FILED <u>4-29-36</u> <u>g. P. Brander</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-25-1936 to 4-28-1936
Last saw him alive on 4-27-1936 Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
Labor Pneumonia Date of onset 4-27
IIA
Other contributory causes of importance:
Influenza

Name of operation _____ 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? 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? No
If so, specify _____
(Signed) S. S. Davis, M. D.
(Address) Berndt Mo.

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

