

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

Do not use this space.

OCT 21 1936

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1. PLACE OF DEATH

County Bremer
Township _____
City Springfield (No. Springfield Bapts & Hosp)

Registration District No. 318
Primary Registration District No. 200

File No. _____
Registered No. 826A
St. _____ Ward _____

2. FULL NAME

Mrs. Bertrude L. Rodgers
(a) Residence, No. Chesapeake, St. _____, Ward. Chesapeake, Mo
(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 Harry Rodgers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 4, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 yrs. ~~1892~~ 8 23

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. Own home

10. Date deceased last worked at this occupation (month and year) Aug. 19, 1936 11. Total time (years) spent in this occupation 22 yrs

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

13. NAME Jim White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Missouri

15. MAIDEN NAME Sarah Montgomery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Missouri

17. INFORMANT (ADDRESS) Mr. Harry Rodgers, Route 1, Mt. Vernon, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Vernon, Mo. DATE Sept. 28, 1936

19. UNDERTAKER (ADDRESS) Fossitt Funeral Home, Mt. Vernon, Mo.

20. FILED 9 28, 1936 Dr. Chas a George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-22, 1936, to 9-27, 1936

I last saw her alive on 9-26, 1936. Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:
10 Date of onset

Abscess of Lung (or Not Tubercular) (origin undetermined)

Other contributory causes of importance:
Pneumothorax lvs

Name of operation nil 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? No
If so, specify _____
(Signed) Robert Glynn, M. D.
(Address) Springfield

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.

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