REC'D FEB 21 1939

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

1819
Do not use this space.

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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1. PLACE OF DEATH
(a) County Calloway
(b) Township Fulton
(c) City
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 104
Primary Registration District No. 5153
Registered No. 8

2. PRINT FULL NAME 262 Winnie Mae Rogers
(a) Residence, No. Fulton, Mo. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Rogers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1877
7. AGE YEARS 62 61 MONTHS 8 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Occupational Therapy
9. Industry or business in which work was done, as saw mill, bank, etc. State Hospital
10. Date deceased last worked at this occupation (month and year) DK
11. Total time (years) spent in this occupation DK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Missouri 0

FATHER
13. NAME Wm. Sanders 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

MOTHER
15. MAIDEN NAME Almira Helen Foster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Cordia Kelle Albuquerque N. M.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hillcrest Cemetery DATE Jan 6 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leo H Wallace Fulton, Mo.
20. FILED Jan 6, 1939 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from November, 14, 1937, to Jan 4, 1939
I last saw her alive on Jan 4, 1939. Death is said to have occurred on the date stated above, at 3:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast	1937
50	

Other contributory causes of importance:

Metastatic Carcinoma of lungs	D.K.
Metastatic Carcinoma of Dorsal Vertebrae	D.K.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) T. L. Lapp, M. D.
(Address) Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Harold J. Christley

Licensed Embalmer No. 14502

P. O. Address Pittsfield, Mass.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.