DEC 28 1937

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

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Do not use this space.

File No. 42323
Registered No.

1. PLACE OF DEATH
County St. Francios
Township Randolph
City ~~Leadwood~~ (No. , St. Ward)
Registration District No. 33
Primary Registration District No. 6243

2. FULL NAME Mary H. Rogers
(a) Residence, No. St., Ward. Leadwood, 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.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widod
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James R. Rogers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20, 1858
7. AGE YEARS 79 MONTHS 1 DAYS 18 If LESS than 1 day, hrs. or min.

28

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) Madison Co. Mo

FATHER
13. NAME Jefferson Scaggs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Emily Reeves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Hattie Lachance
(ADDRESS) Leadwood, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mine Lamotte DATE 12/10 19
19. UNDERTAKER Bert Boyer
(ADDRESS) Leadwood, Mo
20. FILED Dec 9 1937 W. E. Aubuchon *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/8 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/8 1937, to 12/8 19

I last saw her alive on 12/8 1937. Death is said to have occurred on the date stated above, at 7 A.m.

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

Apoplexy

Other contributory causes of importance:
arteriosclerosis

82a

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) , M. D.
(Address) Irondale, Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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