

AUG 16 1927

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

Do not use this space.

Recel.  
21166  
H.H.H.

File No. ....  
Registered No. ....  
St. .... Ward)

## 1. PLACE OF DEATH

County GreeneRegistration District No. 318Township SpringsfieldPrimary Registration District No. 2001City Springsfield(No. 318 E Madison)

St. ....

Ward) ....

## 2. FULL NAME

(a) Residence No. 318 E Madison St.,

Ward. ....

(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

M

4. COLOR OR RACE

wh.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Unknown

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Unknown

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

Don't know

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

77

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Engineer Electric

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

P. J. Rogers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14. INFORMANT

(Address)

Ralph Rogers  
Springsfield

15. FILED

7/17/27

Arthur H. H. H.

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

July 15 - 1927

17.

I HEREBY CERTIFY, That I attended deceased from July 7, 1927, to July 15, 1927.that I last saw him alive on July 13, 1927, and that death occurred, on the date stated above, 3:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

930 Myocarditis  
27 Arteriosclerosis

CONTRIBUTORY (SECONDARY)

90B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? .....

DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. A. Seibel, M. D., 19 27 (Address) Springsfield Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

CEMETERY

DATE OF BURIAL

East Lawn Cemetery July 17 1927

20. UNDERTAKER

ADDRESS

Wm. H. H. H. Funeral Home

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.

