

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

Do not use this space.

32484

**1. PLACE OF DEATH**

County Stoddard  
Township Pickens  
City (No. ....) .....

Registration District No. 839  
Primary Registration District No. 6101

File No. ....  
Registered No. 59 .....

**2. FULL NAME**

H. B. Rodgers

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1870-

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 10 20

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

10. NAME OF FATHER Robert Knowlton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

14. INFORMANT Arthur Smith  
(Address) Essy, Mo.

15. FILED 10/6 1927 J. P. Brandon  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2  
16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-6-1927

17. I HEREBY CERTIFY, That I attended deceased from 7-30, 1927, to 9-17, 1927 that I last saw him alive on 9-17, 1927, and that death occurred, on the date stated above, at 4 .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Nephritis  
151  
Dropsy

129a (duration) yrs. 2 mos. da.  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? .....

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

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. P. Brandon, M. D.  
10/6, 1927 (Address)

\*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 Daylor Cem DATE OF BURIAL 10/7 1927

20. UNDERTAKEN  ADDRESS .....

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.

