

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

Do not use this space.

33803

1. PLACE OF DEATH

County Jackson

Registration District No. 400

Township Prairie

Primary Registration District No. 5553B

City..... (No.....)

File No.....

Registered No. 129

St..... Ward)

2. FULL NAME

Miki Rogan

(a) Residence. No. Jackson Co. Home Ward.....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-10-1952

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
75	7	25	

8. OCCUPATION OF DECEASED

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

(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) London England

10. NAME OF FATHER Mike Rogan

11. BIRTHPLACE OF FATHER (CITY OR TOWN); (STATE OR COUNTRY) London England

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN); (STATE OR COUNTRY) Unknown

14. INFORMANT J. W. Newsletter
(Address) Little Blue mo

15. FILE 12-24-27 J.M. Schick
(REGISTRAR)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-24-1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1927, to Nov 24, 1927 that I last saw him alive on Nov 21, 1927, and that death occurred, on the date stated above, at 8:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute gastritis
930
1100
110

CONTRIBUTORY (SECONDARY) chron myocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) J. W. Green, M. D.
(Address) Independence 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 W.C. College of Physo Eng **DATE OF BURIAL** 11-24 1927

20. UNDERTAKER Mo state Anatomical Board
J. D. Hill

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.

1928

JAN 5

