

MAR 16 1928

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

Do not use this space.

1. PLACE OF DEATH

County..... Buchanan

Registration District No. 85

Township.....

Primary Registration District No. 1001

City..... St. Joseph,

(No. Noyes Hospital)

File No. 4085

Registered No. 182

St. Ward

2. FULL NAME..... Jesse H. Rogers,

(e) Residence. No. 211 South 14th. St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. 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)

Married,

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

Sallie Rogers,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10, 1843

7. AGE

84

YEARS

MONTHS

9

DAYS

2

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hodgenville,

(STATE OR COUNTRY) Kentucky,

10. NAME OF FATHER James Rogers,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hodgenville,
(STATE OR COUNTRY) Kentucky,

12. MAIDEN NAME OF MOTHER Lura Roundtree,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,14. INFORMANT Mrs. M. C. Bourdeau
2529 Jule Street.

15. FILED John G. Galt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 17, 1928

17. I HEREBY CERTIFY That I attended deceased from March 5, 1928, to Feb. 17, 1928.

that I last saw him alive on Feb. 17, 1928, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arterio-sclerosis

CONTRIBUTORY (SECONDARY) none except enlarged prostate

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

3 DID AN OPERATION PRECEDE DEATH... yes. DATE of about 4 yrs. ago

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? no

(Signed) Dannie Hunter, M. D.

Feb. 12, 1928 (Address) St Joseph 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 Mount Mora Cemetery DATE OF BURIAL Feb. 13th 1928

20. UNDERTAKER Heaton-Belsole & Beaman 319 S. 10th St.

By J. M. Kralo Burial Stone

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.

