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

Do not use this space.

8056

1. PLACE OF DEATH

County Callaway, Registration District No. 164 File No.

Township ~~Fulton,~~ Primary Registration District No. 3008 Registered No. 41

City Fulton (No. , St. Ward)

2. FULL NAME Arlando Horace Rogers,

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan, 19th 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	60	1	18	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind,

PARENTS

10. NAME OF FATHER Joseph Rogers,

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

12. MAIDEN NAME OF MOTHER Marth Blackburn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) KY,

14. INFORMANT E. H. Rogers, (Address) Fulton, Mo.

15. FILED Mar 19 1928 R. N. Crews REGISTRAR

4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/9/ 1928

17. I HEREBY CERTIFY, That I attended deceased from about Jan 1st, 1928, to 3/9/ 1928 that I last saw him alive on 3/9 1928, and that death occurred, on the date stated above, at Abour 4.55 m P

THE CAUSE OF DEATH* WAS AS FOLLOWS: Interstitial nephritis

131

258/ 219 A

97 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis. Hypertrophy + dilation of heart. Hypertension (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. H. Christian, M. D

, 19 (Address) Fulton 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 Hillcrest Cemetery

DATE OF BURIAL Mar 14 1928

20. UNDERTAKER Herndon-Taylor Furn-Co,

ADDRESS Fulton, Mo,

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.

24 1928