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

Do not use this space.

25159

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. ..... File No. 6950

City St Louis, Mo (No. Mo Bapt Sant. ..... St. ..... Ward) Registered No. .....

2. FULL NAME Donald Rogers.

(a) Residence. No. Litchfield, Ill. St., 12 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: 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) May 10, 1928

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 1 | 1 | 23 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Litchfield Ill.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Clay Rogers.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Florence Ellington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

14. INFORMANT Clay Rogers.
(Address) Litchfield, Ill.

15. FILED JUL 3 1928 Clay C. Harris
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to July 3, 1928, that I last saw him alive on July 3, 1928, and that death occurred, on the date stated above, at 8 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Gastro Enteritis

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) Pyloric Stenosis

(duration) ..... yrs. 6 wks. ds.

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

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Oria M. McCann, M. D

, 19 (Address) 428 Murphy Bldg. East St. Louis

*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: Litchfield, Ill
DATE OF BURIAL: 7/4/ 1928

20. UNDERTAKER: Bergesch Und. Co. 3661 Washington
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.

[illegible], WITH UNFADING INK—THIS IS A PERMANENT RECORD