

V 22 1928

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

Do not use this space.

31205

1. PLACE OF DEATH

County Newton
Township Berwick
City Newton (No. , St. Ward)

Registration District No. 612
Primary Registration District No. 6257

File No.
Registered No.

2. FULL NAME Charles Lenard Rodgers

(a) Residence. No. St. Ward
(Usual place of abode) (If nonresident give city or town and State)
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 Culard 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 3

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) Newton Co MO
(STATE OR COUNTRY)

10. NAME OF FATHER Rt Clair Rodgers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pawnee Oklahoma
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lucy Wright

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

14. INFORMANT St Clair Rodgers
(Address) Newtonia Mo R. 2 Bldg

15. FILED Nov 22 1928 W. P. Moody
REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 4 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 4 1928 until Sept 4 1928 and that I last saw him alive on Sept 4 1928 and that death occurred, on the date stated above, at 11:24 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary emphysema
113

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH. Yes DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) E. B. Wright, M. D.
Sept 4, 1928 (Address) City City 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 Barker Cemetery DATE OF BURIAL Sept 5 1928

20. UNDERTAKER J. H. White ADDRESS Farmers 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.

