DEC 20 1928

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

Do not use this space.

35973

1. PLACE OF DEATH

County: Barry — Registration District No.: 30

Township: — Primary Registration District No.: 3003

City: Monett (No. ..... St. ..... Ward)

File No. .....

Registered No. 81

2. FULL NAME: John Washington Rogers

(a) Residence: No. Broadway 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: M

4. COLOR OR RACE: W

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

5a. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Mrs Pauline Rogers

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 29 1873

7. AGE: Years 54 | Months 11 | Days 20 | 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): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): .....
(STATE OR COUNTRY): Mississippi

PARENTS

10. NAME OF FATHER: John Washington Rogers

11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Don't Know

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Don't Know

14. INFORMANT: Mrs Pauline Gabriel
(Address): Monett Mo

15. FILED Dec 21, 1928. W. M. West, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 20 1928

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1928, to Nov 20, 1928, that I last saw him alive on Nov 19, 1928, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C
11B (duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Influenza (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at place of Death

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

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) Ernest Mitchell, M. D

, 19 (Address) Monett 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: I.O.O.F. Cemetery — DATE OF BURIAL: 11/28 1928

20. UNDERTAKER: Callaway — ADDRESS: Monett

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD