

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

Do not use this space.

1946

1. PLACE OF DEATH

County Jackson
Towship Prairie
City (No.)

Registration District No.

Primary Registration District No.

File No.

Registered No. 15

St. Ward

2. FULL NAME

Alexander W. Rogers

(a) Residence. No. Jackson County, Mo. St.
(Usual place of abode)

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

single

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

1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

67

8. OCCUPATION OF DECEASED

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

Knife Sharpener

(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) Missouri

10. NAME OF FATHER

Samuel Rogers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER

Samuel Rogers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

14.

INFORMANT
(Address)

J. W. Statton

15.

FILED

May 29 1929
J. W. Statton
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-27 1929

17.

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Jan 27, 1929
that I last saw him alive on Jan 27, 1929, and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

95c

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

General invasion

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRIBUTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Statton, M. D.

1/29, 1929 (Address) Independence 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

DATE OF BURIAL

Memorial Park K.C. Mo Jan 29 1929

20. UNDERTAKER

ADDRESS

Ketterlin K.C. Mo

WRITE PLAINLY, WITH OBTAINING INFORMATION TO A 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.

