

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

Do not use this space.

6878

1. PLACE OF DEATH

County Jackson
Township Prairie
City (Name)

Registration District No. 400
Primary Registration District No. 2-38-13

File No.
Registered No. 71
St. Ward

2. FULL NAME

James L. Rogers
(a) Residence No. Jackson Beauty House Ward
(Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1841</u>		
7. AGE	YEARS	MONTHS
	<u>88</u>	
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Laborer</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Unknown</u>		
(c) Name of employer <u> </u>		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT J. W. Hottel
(Address)

15. FILED 7-12-29 1929 J. L. James
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-5 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to 2-5, 1929 that I last saw h. alive on , 19 , and that death occurred, on the date stated above, at 3 o'clock P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic myocarditis
99%
10% (duration) yrs. mos. da.
CONTRIBUTORY General inattention (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. N. Greene, M. D.
7/5, 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 2-16 1929

20. UNDERTAKER Ketterlin ADDRESS K.P. 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.

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WRITE FULLY, WITH OUTFADING INVERTING IS A PERMANENT RECORD

