

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

Do not use this space.
13613 *Hayes*

MAY 29 1929

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.

1. PLACE OF DEATH

County Vermon Registration District No. 875
Township Washington Primary Registration District No. 6169
City Beaumont (No.) St. Ward)

File No.
Registered No. 87

2. FULL NAME Geo. W. Rogers

(a) Residence. No. State Hospital #3 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. 16 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 16 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 | | 25 | |

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

9. BIRTHPLACE (CITY OR TOWN) Fairland Okla.
(STATE OR COUNTRY)

10. NAME OF FATHER Jack Rogers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

14. INFORMANT Mrs. Jane Rogers
(Address) Houston Mo.

15. FEET 4/20 1929 E. R. King REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1929, to Mar. 13 1929 that I last saw him alive on 2-11 1929, and that death occurred, on the date stated above, at 2-10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gen. paralysis of the insane
83
76
(duration) 7 yrs. mos. ds.

CONTRIBUTORY Maniacal exhaustion
(SECONDARY) (duration) yrs. mos. 10 ds.

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

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. J. O'Dell M. D.
3/13 1929 (Address) Nevada 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 Hospital Cemetery DATE OF BURIAL 3-16 1929

20. UNDERTAKER Allen V. Leary ADDRESS Nevada Mo.

