

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.

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

Do not use this space.

1. PLACE OF DEATH
 County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248
 City St. Louis (No. 135 E Hancock) Ward F
 File No. 15890
 Registered No. 131 St. _____ Ward)

2. FULL NAME John Rogers
 (a) Residence No. 135 E. Hancock 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 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) November 21, 1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 4 20 _____
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) Columbia Flooding Co.
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) Bond County
 (STATE OR COUNTRY) Illinois
 10. NAME OF FATHER Frank Rogers
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bond County
 (STATE OR COUNTRY) Illinois
 12. MAIDEN NAME OF MOTHER Cordelia Brown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bond County
 (STATE OR COUNTRY) Illinois

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1 1929
 17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1926, to March 15, 1929
 that I last saw him alive on March 15, 1929, and that death occurred, on the date stated above, at 4 A. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Myocardia
93C
 (duration) 2 yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.
 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 _____
 (Signed) Arthur B. Day, M. D.
4-1-, 1929 (Address) 1017 Beaumont Bldg.
 *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 Pocahontas, Ill. DATE OF BURIAL 4/3 1929.
 20. UNDERTAKER C. Hoffmeister & Co. ADDRESS 7814 S Broadway

14. INFORMANT Mrs J. C. Lee
 (Address) 135 E. Hancock
 15. FILED 4/1/29 19 L. C. Obrod REGISTRAR

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