

JUN 15 1930

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

Do not use this space.

19750

1. PLACE OF DEATH

County Jasper Registration District No. 100
Township O-Macian Primary Registration District No. 3020
City Carthage (No. 425 Oak Street St. _____ Ward _____)

2. FULL NAME

Chas. Washington Rogers

(a) Residence. No. Reeds, Missouri 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24, 1855

7. AGE YEARS MONTHS DYS IF LESS than 1 day, hrs. or min.
74 10 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Harmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER John D. Rogers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Newark
(STATE OR COUNTRY) New Jersey

12. MAIDEN NAME OF MOTHER Mary C. Hayes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York
(STATE OR COUNTRY) New York

14. INFORMANT Ira M. Rogers
(Address) 425 Oak Carthage, Mo

15. June 7, 1930 Chas. W. Rogers
FILED REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1930

17. I HEREBY CERTIFY, That I attended deceased from June 31, 1929 to June 5, 1930 that I last saw him alive on June 4, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
930
102 (duration) yrs. 6 mos. ds.
CONTRIBUTORY High Blood Pressure
(SECONDARY) (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH DATE OF

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) R. A. Atwater M. D.

June 6, 1930 (Address) Carthage 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 Park Cemetery DATE OF BURIAL June 9, 1930

20. UNDERTAKER Kneel Mortuary ADDRESS Carthage, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

