NOV 21 1930

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No. 32194

Township Primary Registration District No. 1001 Registered No. 1178

City St. Joseph (No. 1416 South 5 Street St. Ward)

2. FULL NAME Raymond Goldie Rogers

(a) Residence. No. 1416 South 5 Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 22, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	0	8	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Charles G. Rogers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Leona
(STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Edith Bouge

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iowa City
(STATE OR COUNTRY) Iowa

14. INFORMANT Charles G. Rogers
(Address) 1416 So. 5 St.-St. Joseph Mo.

15. FILED OCT 31 1930, 19 John G. Itz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1930 to Oct 30, 1930 that I last saw him alive on Oct 30, 1930, and that death occurred, on the date stated above, at 5/30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital malformation of the Heart

1570 (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) 1578 (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? Clinical

(Signed) Charles H. Werner M. D.

Oct. 31 1930 (Address) 315 Kirkpatrick 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	DATE OF BURIAL
Ashland Cemetery	Oct. 31 1930

20. UNDERTAKER	ADDRESS
H. O. Sidenfaden	1802 Union St.

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.