

NOV 21 1930

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

Do not use this space.

32311

1. PLACE OF DEATH

County Carroll Registration District No. 135 File No. _____
Township _____ Primary Registration District No. 3010 Registered No. 82
City Carleton (No. _____) St. _____ Ward _____

2. FULL NAME

Henry William Rogge
(a) Residence No. _____ St. _____ (If nonresident give city or town and State)
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-26-1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
1 | 1 | 5

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Waverly, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Elemer Rogge

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Waverly, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Marie Schow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Waverly, Mo.
(STATE OR COUNTRY)

14. INFORMANT Blanes Rogge
(Address) Waverly, Mo.

15. FILED 10/1/30 1930 Mrs. E. E. Farnham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 1 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 9/30/30 to 10/1/30, 1930, that I last saw her alive on _____, 1930, and that death occurred, on the date stated above, at 9:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Enteric Colitis

CONTRIBUTORY (SECONDARY) 119B 113B (duration) _____ yrs. mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED Waverly, Mo.
IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. B. Stoney M. D. (Address) Carleton, Mo.
10/1/30 1930

*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 Waverly Cemetery DATE OF BURIAL 10/3 - 1930

20. UNDERTAKER Alfred H. Brew ADDRESS Waverly, 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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