

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

Do not use this space.

17173

**1. PLACE OF DEATH**

County Buchanan Registration District No. 80  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. 2903 Duncan street)

File No. \_\_\_\_\_  
Registered No. 515  
St. \_\_\_\_\_ Ward)

**2. FULL NAME** John F Rogers

(a) Residence. No. 2903 Duncan street St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S., if of foreign birth? 38 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 Edith Rogers (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
43 9 24

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Cattle Buyer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer Swift & Co. Packing Co.

9. BIRTHPLACE (CITY OR TOWN) Oldham  
(STATE OR COUNTRY) England

10. NAME OF FATHER Byran Rogers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Alice Doğan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) England

14. INFORMANT Mrs Edith Rogers  
(Address) 2903 Duncan st.-St. Joseph Mo.

15. FILED 19 John R Bender  
MAY 12 1931 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 19 31

17. I HEREBY CERTIFY, That I attended deceased from July 10 to May 11, 1931 that I last saw h. i. m. alive on May 11, 1931, and that death occurred, on the date stated above, at 2 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic endocarditis  
with myocardial  
cardiac hypertrophy  
and atheroma  
(duration) \_\_\_\_\_ yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) John F. Bender M. D.

May 12 1931 (Address)

\*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 Lit. Olivet Cemetery DATE OF BURIAL May 15 19 31

20. UNDERTAKER H.C. Sidenfaden ADDRESS 1802 Union st.

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.

MAY 21 1931

