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.

DEC 22 1931

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

Do not use this space.

37949

1. PLACE OF DEATH
County Jackson — Registration District No. 400 — File No.
Township Prairie — Primary Registration District No. 5553 B — Registered No. 213
City Little Blue Mo., (No. Jackson County Home St. Ward)

2. FULL NAME William Rogers
(a) Residence. No. 1708 E. 18th Str. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 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: Negro
5. ~~SINGLE, MARRIED~~, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: About 58 YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Huckster
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wyandotte Kans

PARENTS
10. NAME OF FATHER: David Rogers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unk. Indian Territory
12. MAIDEN NAME OF MOTHER: Mary Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unk. Missouri

14. INFORMANT: County Home Records
(Address) Little Blue Mo.

15. FILED 11-7-, 1931 H. S. James, Asst. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 3, 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1931, to Nov. 3, 1931, that I last saw him alive on Nov. 3, 1931, and that death occurred, on the date stated above, at 4:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Parenchymatous Nephritis

132A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 137 (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? Physical Exam
(Signed) L. W. Booker, M. D.
, 19 (Address) 2200 - Vine St.

*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: Blue Ridge Lawn Cem. — DATE OF BURIAL: 11-7-1931

20. UNDERTAKER: Flynn + Greenstreet — ADDRESS: [illegible] Mo.