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

Do not use this space.
2188

1. PLACE OF DEATH
County St Francois — Registration District No. 774 — File No. 254
Township — Primary Registration District No. 6 & 18 B — Registered No.
City Flat River (No. ..... St. ..... Ward)

2. FULL NAME Dennis K. Rodgers
(a) Residence. No. ..... 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.

FEB 25 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 11th 1865

7. AGE: YEARS 66 — MONTHS 11 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): 60
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas 2

PARENTS
10. NAME OF FATHER: Wm. N. Rodgers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown 31
12. MAIDEN NAME OF MOTHER: Mary Green
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT: Amanda Rodgers
(Address): Flat River, Mo.

15. FILED Jan 26, 1932 W J Bryan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1/23 1932

17. I HEREBY CERTIFY, That I attended deceased from 1/31, 1930, to 1/23, 1932 that I last saw him alive on 1/19, 1932, and that death occurred, on the date stated above, at 2:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation of heart
131
1920
Few minutes (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): chronic myocarditis and nephritis (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: 131 (1)
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam History
(Signed) Paul L Jones, M. D.
, 19 (Address) Elbrus, 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: Crystal City Cemetery — DATE OF BURIAL: 1-25 1932

20. UNDERTAKER: Caldwell Bros — ADDRESS: Flat River 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.