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

Do not use this space.

12597

1. PLACE OF DEATH
County Jackson — Registration District No. 3 9 5 — File No. 1533
Township Kaw — Primary Registration District No. 1 — Registered No. 1533
City K.C. Mo. (No. St. Joseph Hospital St. Ward)

2. FULL NAME Albert Jewell Rogers
(a) Residence. No. St., X Ward. Edgerton Mo
(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.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31 1918

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	13	10	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) Buchanan Co Mo

PARENTS
10. NAME OF FATHER Clyde Rogers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co. Mo.
12. MAIDEN NAME OF MOTHER Nora Kinsey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

14. INFORMANT Mrs Clyde Rogers
(Address) Edgerton Mo.

15. FILED 4/14th, 1932 M. M. Crowe Assr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1932

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute Intestinal obstruction
1220
(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (SECONDARY) Intestinal adhesions
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH (1)
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. M. Frankenberger, M. D.
4/12, 1932 (Address) 9th & Grand K.C. Mo. per E. J. Hug M.D.

*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 Edgerton Mo Mt Zion Cem — DATE OF BURIAL 4-12 1932

20. UNDERTAKER W. H. Rollins — ADDRESS Edgerton 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.