

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

Do not use this space.

23168

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. 32
 Township Jasper Primary Registration District No. 2002 Registered No. _____
 City Jasper (No. 1808) Amber St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ Ward _____
 (Usual place of abode) Fremont Hospital (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 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 Lucy Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 6 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coacumer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 172

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

13. NAME Wm H Rogers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales England

15. MAIDEN NAME Annale Howell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales England

17. INFORMANT Mr Lucie Rogers
 (ADDRESS) 1808 Amber

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 7/24/32

19. UNDERTAKER (ADDRESS) Herrell and Co
121 W. Main St

20. FILED 7/23 1932 Wmason
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/21/32

22. I HEREBY CERTIFY, That I attended deceased from July 14 1932 to July 21 1932

I last saw him alive on July 24 1932. Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

ruptured of vessels
(gaugreous)

Other contributory causes of importance: 121A 1210

Name of operation removal of appendix Date of operation July 14
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) Dr. W. D. Sibley, M. D.
 (Address) Jackson 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.

AUG 24 1932

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