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.

NOV 28 1932

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

Do not use this space.

33101

1. PLACE OF DEATH

73 County Pemiscot Registration District No. 651

Township Little Prairie Primary Registration District No. 5862

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. 159

2. FULL NAME Charles A Rogers

(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.

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 (OR) WIFE OF Mrs. Chas. A. Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-27-1904

7. AGE YEARS 25 MONTHS 5 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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

10. Date deceased last worked at this occupation (month and year) Sept. 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stardard Co Mo 1

FATHER

13. NAME C. E. Rogers 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Lillie Erwin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2

17. INFORMANT (ADDRESS) C. E. Rogers Caruthersville Mo R2

18. BURIAL, ~~CREMATION,~~ OR REMOVAL PLACE Mound Cemetery 10-13 1932

19. UNDERTAKER (ADDRESS) Friends Steele Mo.

20. FILED Nov 8 1932 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-12-32, 19..., to 10-12-32, 19...

I last saw him alive on 10-12-32, 19... Death is said to have occurred on the date stated above, at 8 P m.

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

Malaria

Date of onset 10-1-32

Other contributory causes of importance: 0

Name of operation none Date of ✓

What test confirmed diagnosis? History & Physical 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? No

If so, specify ✓

(Signed) H. G. McDaniel, M. D.

(Address) Steele Mo