

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

Do not use this space.

2718

**MAR 3 1933**

**1. PLACE OF DEATH**

82. County Coke Registration District No. 689  
 5. Township \_\_\_\_\_ Primary Registration District No. 3033  
 4. City Louisiana No. 507 St. In Car Ward \_\_\_\_\_

**2. FULL NAME**

Andrew Jackson Rogers  
 (a) Residence, No. 507 In Car 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Moss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/27-1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
92 | 2 | 22

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

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

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) Ralls Co mo

13. NAME (2)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 4

15. MAIDEN NAME Steers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Sam Inead (ADDRESS) Louisiana mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Reverew DATE 4/21 33

19. UNDERTAKER W. H. Miller (ADDRESS) Louisiana mo

20. FILED 420 1933 W. H. Miller Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10-33 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-3-33 to 1-19-33  
 I last saw him alive on 1-19-33 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:22 m.

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

Endo Carditis  
92 1/2 92 1/2  
113 92 1/2  
 Other contributory causes of importance: Influenza

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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) W. H. Miller \_\_\_\_\_, M. D.  
 (Address) Louisiana 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MOTHER FATHER 1 2 2

