

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 22 1933

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

Do not use this space.

14200

1. PLACE OF DEATH
 84 County Polt Registration District No. 901
 Township Bolivar Primary Registration District No. 4427
 City Bolivar (No. _____) St. _____ Ward _____

2. FULL NAME George Washington 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.

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 Letha Rodgers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 1859

7. AGE YEARS 73 MONTHS 6 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) Tennessee

MOTHER FATHER

13. NAME David C. Rodgers

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

15. MAIDEN NAME Amanda Lady

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

17. INFORMANT Harrison Rodgers
(ADDRESS) Thimpton mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt Pleasant DATE 4-4-33
 19. UNDERTAKER Netcheson Blue
(ADDRESS) Bolivar mo

20. FILED 4-5-33 1933 J. J. Roberts
 Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1933, to Apr 4, 1933
 I last saw him alive on Apr 4, 1933 Death is said to have occurred on the date stated above, at 3:00 p m.
 The principal cause of death and related causes of importance were as follows:
apoplexy cerebral Date of onset _____
82A
82A
 Other contributory causes of importance _____

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) J. W. B. Rodgers, M. D.
 (Address) Bolivar Mo

