

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

Do not use this space.

16989

1. PLACE OF DEATH  
 53 County Laclede Registratic District No. 449  
 Township Crage Primary Registration District No. 4267  
 City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Marvin Theadore 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.

File No. \_\_\_\_\_  
 Registered No. 1839  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 11-1938</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>3</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child at Home</u>		11. Total time (years) spent in this occupation
9. Industry or businesses in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laclede, Co Mo</u>		
13. NAME <u>Archie E. Rodgers</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Mary E. Elenstein</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laclede Co Mo</u>		
17. INFORMANT <u>Archie E. Rodgers</u> (ADDRESS) <u>mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Lebanon Cemetery</u> DATE <u>May 25, 1933</u>		
19. UNDERTAKER <u>Hofmann Stewart</u> (ADDRESS) <u>Lebanon Mo</u>		
20. FILED <u>May 24, 1933</u> <u>J. W. B. ...</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932 to May 24, 1933  
 I last saw him alive on May 23, 1933. Death is said to have occurred on the date stated above, at 9 a. m.  
 The principal cause of death and related causes of importance were as follows:  
dileo-colic

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? none Was there an autopsy? no

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. A. Hamilton, M. D.  
 (Address) Lebanon, Mo

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 V. S. NO. 2

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.

JUN 23 1933

