

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. NOV 10 1933

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

Do not use this space.

32540

**1. PLACE OF DEATH**

County Blair Registration District No. 201  
Township Liberty Primary Registration District No. 5280  
City Liberty (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 105

**2. FULL NAME**

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas B. Rogers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 7 - 1868</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>11</u>
	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>	
	10. Date deceased last worked at this occupation (month and year) _____ <u>3 yrs</u>	
	11. Total time (years) spent in this occupation <u>4 1/2</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Platte Co Mo</u>		
MOTHER	13. NAME <u>Robert D. Asher</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
	15. MAIDEN NAME <u>Ellen Russell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Thomas B. Rogers Jr. Liberty Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>John Randolph Co Mo</u> DATE <u>10/10</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Church - Archer Co Liberty Mo</u>		
20. FILED <u>10/10</u> 19 <u>33</u> <u>G. T. Brent</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1933 to Oct 8 1933  
I last saw him alive on Oct 7 1933 Death is said to have occurred on the date stated above at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Arthritis Deformans Date of onset \_\_\_\_\_

Other contributory causes of importance: 57 57

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 Self  
(Signed) J. M. Matthews M. D.  
(Address) Liberty Mo

