

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

Do not use this space.

1. PLACE OF DEATH

36 County Putnam
Township Lincoln
City..... (No.....).....

Registration District No. 721
Primary Registration District No. 3452

File No. 34131
Registered No.
St. Ward)

2. FULL NAME

John Rogers
(a) Residence, No. Mendota 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 Mary Ellen Rogers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-1-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 I 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Own Farm

9. BIRTHPLACE (CITY OR TOWN) Monmouth (STATE OR COUNTRY) ILL

PARENTS

10. NAME OF FATHER John Rogers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) DK (STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Hannah
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) DK (STATE OR COUNTRY) England

14. INFORMANT Leon Rogers (Address) Cincinnati Iowa.

15. Nov 9, 1933. Hayes Barnett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-29 19 33

17. I HEREBY CERTIFY, That I attended deceased from 1-1- 1933, to 10-29 1933 that I last saw h.l. AM, alive on 10-30 1933, and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
9 yrs. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) DK (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF.....

18. WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. B. Lifford, M. D.
, 19 (Address) Bentworth Ia

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pleasant Hill Cemetery DATE OF BURIAL 10-31-33
Cincinnati Iowa. 19

20. UNDERTAKER Lester E Best ADDRESS Cincinnati
IOWA

A. 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

