

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.

JUL 17 1934

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

Do not use this space.

19977

1. PLACE OF DEATH

County Rehoboth
Township Adair
City (No. _____) _____

Registration District No. 263
Primary Registration District No. 5265

File No. 5
Registered No. 5 Ward _____

2. FULL NAME

Judson Frazier Rogers

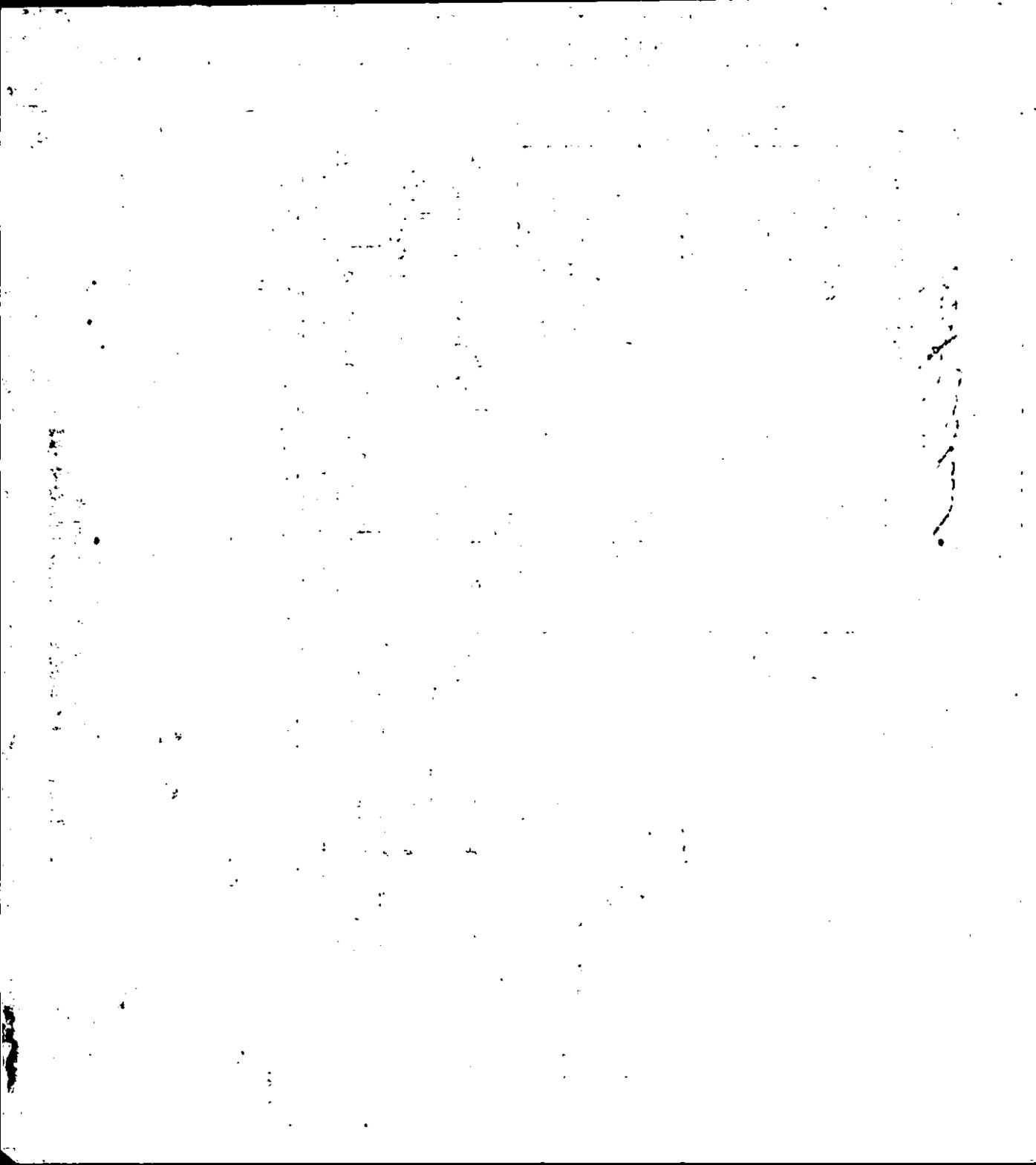
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>male</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>Iola May Rogers</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 28, 1857</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>2</u>	DAYS <u>16</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>farmer</u>			
	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) <u>1934</u>			11. Total time (years) all spent in this occupation <u>all life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holmes Co. Ohio</u>				
FATHER	13. NAME <u>Thomas Rogers</u>			
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Frazier</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
17. INFORMANT (ADDRESS) <u>Bertha E. Wilson</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mauryville</u> DATE <u>6/17</u> 19 <u>34</u>				
19. UNDERTAKER (ADDRESS) <u>W. H. Lecher</u> <u>Mauryville Mo</u>				
20. FILED _____ 19 _____				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 14, 1934</u>	
22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.	
I last saw h_____ alive on _____, 19____. 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: <u>Called as coroner after death</u> <u>apoplexy</u> <u>central thrombosis</u> <u>4201</u> <u>high blood pressure</u>	
Other contributory causes of importance: <u>4201</u> <u>high blood pressure</u>	
Name of operation _____	Date of _____
What test confirmed diagnosis? <u>clinical</u>	Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>X</u> 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. <u>X</u>	
Manner of injury <u>X</u>	Nature of injury <u>X</u>
24. Was disease or injury in any way related to occupation of deceased? <u>240</u>	
If so, specify <u>La. Sander</u>	
(Signed) <u>L. A. Sander</u> M.D.	(Address) <u>Stewartville Mo</u>
<u>Coroner Rehoboth Co. Mo.</u>	

Registrar.



De Kalle

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Jeidson Frazer Rogers
Who died at _____ on June 14 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race w Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar James Fitzgerald ~~Other~~ Filed - July 19, 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 263

Primary Reg. Dist. No. 5365

Very truly yours,
E. T. McLaugh M.D.
S.H.C.

Special Agent.

77961-5

THE STATE OF TEXAS
COUNTY OF [illegible]
I, [illegible], County Clerk of said County, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of said County.

Secretary