

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

Do not use this space.

20227

1. PLACE OF DEATH

County Howell
Township Spring Creek
City West Plains (No.)

Registration District No. 384
Primary Registration District No. 5539

File No.
Registered No.
St. Ward)

2. FULL NAME

Wallace A. Rogers
(a) Residence, No. Ott Arkansas 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1850.

7. AGE YEARS 83 MONTHS 7 DAYS 7 If LESS than 1 day, hrs. or min.

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. At Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Ransomville (STATE OR COUNTRY) New York

13. NAME Martin Rogers

14. BIRTHPLACE (CITY OR TOWN) N. Y. (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. E. O. Colburn (ADDRESS) Ott Arkansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Zenda Kansas DATE June 4, 1934

19. UNDERTAKER McFarland Undertaking Co (ADDRESS) West Plains Mo.

20. FILED 6-2 1934 Vida W. Sumner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw h... alive on Feb. 15, 1934 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Possibly Cancer of stomach & liver

H. B. E. F.

Other contributory causes of importance: W. W.

Name of operation None 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 same Nature of injury same

24. Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) E. A. Beach M. D. (Address) Elijah, Mo.

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 10 1934

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