

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

Do not use this space.

55.B 25 1935

981

1. PLACE OF DEATH

County Greene
Township Jackson
City Fair Grove No. R # 1

Registration District No. 322
Primary Registration District No. 5447A

File No. 981
Registered No. 40 St. _____ Ward)

2. FULL NAME

(a) Residence, No. Fair Grove R # 1 St. 1 Ward.

(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 Lottie Rogers

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

7. AGE YEARS 76 MONTHS 9 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. merchandise store
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Henry James Rogers

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

MOTHER 15. MAIDEN NAME Marinda Highfill

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

17. INFORMANT Lottie Rogers (ADDRESS) Fair Grove, Mo. R # 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Beasant Ridge Cemetery DATE Jan 14 1935

19. UNDERTAKER J.W. Huggins & Co. (ADDRESS) Springfield, Mo.

20. FILED Jan 14 1935 Allan Barnes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Monday - Jan 13 1935 to Jan 13 1935

I last saw him alive on Jan 9 1935 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:

Carcinoma of Right Hand
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis clinical 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? _____
If so, specify _____

(Signed) E. M. Bailey, M. D.

(Address) Elkland

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.

