

JUL 2 2 1935

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

Do not use this space.

19906

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township How Primary Registration District No. 1009
City Kansas City (No. 1415 East 75th) St. _____ Ward _____

File No. 2550
Registered No. _____

2. FULL NAME

Montague T. Rozier

(a) Residence, No. 1415 East 75th 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 J. A. Rozier
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 14, 1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 38 7 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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)
11. Total time (years) spent in this occupation

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

13. NAME Turner

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

15. MAIDEN NAME Ruth Gordon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Information

17. INFORMANT J. A. Rozier (ADDRESS) 1415 East 75th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Mr. Washington Cem (DATE) 6-22-1935

19. UNDERTAKER Stiehl & Co (ADDRESS) 3235 William Plaza

20. FILED 6-22-35 M. M. Coar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-12-1935 to 6-20-1935

I last saw deceased alive on 6-20-1935 Death is said to have occurred on the date stated above, at A. m. 4:15

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

Sub acute Bacterial Endocarditis

Other contributory causes of importance: Rheumatism

Name of operation Autopsy Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Anders Beck, M. D.
(Address) 924 Prof. Bldg.

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.

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Dr. W. W. ...

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