DEC 16 1935

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

Do not use this space.

35290

1. PLACE OF DEATH
County Buchanan Registration District No. 86
Township Washington Primary Registration District No. 5127
City St Joseph (No. County Farm St. Ward)
File No.
Registered No. 90

2. FULL NAME George N Rogers.
(a) Residence, No. County Farm St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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: Wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 5 1855
7. AGE: YEARS 80 MONTHS 7 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) abt 5 yr ago
11. Total time (years) spent in this occupation —

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

FATHER
13. NAME Anson Rogers.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

MOTHER
15. MAIDEN NAME Mary Simington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

17. INFORMANT (ADDRESS) Robert Rogers Balcombe Md
18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah Md DATE Nov 14 1935
19. UNDERTAKER (ADDRESS) Stamey Fun. Home 2335 St Joseph ave.
20. FILED Nov 13, 1935 J J Bunshaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Nov 11, 1935
I last saw him alive on Nov. 10, 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:

	Date of onset
Coronary Thrombosis	1 Hr
	2

Other contributory causes of importance:
Heart Disease arteriosclerotic (?)
Arterio sclerosis general (?)

Name of operation none 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? no
If so, specify
(Signed) H W Carle, M. D.
(Address) 301 P. S. Bldg St Joseph Mo

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.