

DEC 11 1935

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

Do not use this space.

36955

81 PLACE OF DEATH
County Phelps Registration District No. 677
Township ~~Rolla~~ Primary Registration District No. 4403
7 City Rolla No. St. Ward

File No.
Registered No. 116

2. FULL NAME William Jasper Rogers
(a) Residence, No. Licking, Mo. 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13, 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 10 23

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

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

13. NAME William J. Rogers

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

15. MAIDEN NAME Julia A. Stubbs
Tenn

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

17. INFORMANT Jefferson Rogers
(ADDRESS) Licking, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Licking, Mo DATE Nov. 8, 1935

19. UNDERTAKER Null and Son
(ADDRESS) Rolla, Mo

20. FILED Nov. 7, 1935 Jos. F. Rogers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 6, 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1935, to Nov 3, 1935
I last saw him alive on Nov 3, 1935 Death is said to have occurred on the date stated above, at 1:38am.
The principal cause of death and related causes of importance were as follows:

Blood poisoning
Septicemia
MAB
Other contributory causes of importance:
Bacterial
Pneumonia
Date of onset 354

Name of operation none Date of
What test confirmed diagnosis? Microscopy 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? Yes
If so, specify Chipping & log sawing
(Signed) J. F. Rogers, M. D.
(Address) Licking

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.

Gen. Ranshee