

JAN 23 1936

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

Do not use this space.

39859

1. PLACE OF DEATH

County Jefferson
Township Heath
City K.C. Mo.

Registration District No.

Primary Registration District No.

File No.
Registered No. 5506
St. Ward)

2. FULL NAME

(a) Residence, No. 3028 Michigan 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 MA 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22 1869

7. AGE YEARS 66 MONTHS 0 DAYS 9 days If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Ill

FATHER 13. NAME Henry Rogers

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Edward D. Bradford (ADDRESS) 3028 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Edinwood DATE Jan 3 1936

19. UNDERTAKER Wm. Henderson (ADDRESS) 4157 E. 13th

20. FILED Dec 31 1935 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/31/35

22. I HEREBY CERTIFY that I attended deceased from Henry Rogers to Edward D. Bradford 1935

I last saw Henry Rogers alive on Dec 31 1935 Death is said

to have occurred on the date stated above, at 3028 Michigan St.

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

Lobar pneumonia Date of onset

Other contributory causes of importance: None

Name of operation Autopsy Date Jan 3 1936

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury Dec 31 1935

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) Wm. Henderson, M. D.

(Address) 4157 E. 13th

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.

