

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.

*L. B. ...*

JUN 17 1936

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

Do not use this space.

19337

1. PLACE OF DEATH

County Jackson Registration District No. 300  
Township Kanaw Primary Registration District No. 1  
City Kanaw Ct. (No. Menard Hosp.) St. Mo. Ward 1

File No. \_\_\_\_\_  
Registered No. 2500  
St. Mo. Ward \_\_\_\_\_

2. FULL NAME

Rufus Rodgers  
(a) Residence, No. 4500 W. Warwick 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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 13 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
71 0 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wardman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Leubach Home

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) Terre Haute Ind.

13. NAME Jakob Rodgers

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

15. MAIDEN NAME Belle Jackson

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

17. INFORMANT (ADDRESS) Alvin Rodgers  
Heron Pass

18. BURIAL, CREMATION, OR REMOVAL PLACE Shawnee Mo. DATE May 3 1936

19. UNDERTAKER (ADDRESS) Orin & John Co  
20 W. Hurwood

20. FILED May 3 1936 M. M. Crowe, Chf. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-26-1936 to 5-2-1936

I last saw him alive on 5-2-1936 Death is said to have occurred on the date stated above, at 10am

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

Lobar Pneumonia

Date of onset \_\_\_\_\_

Other contributory causes of importance: Angiocarditis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? X rays 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) [Signature] M. D.  
(Address) 1400 P. St. Selye

