

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

Do not use this space.

19583

JUN 13 1936

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Frank Primary Registration District No. 1007
City Kansas City (No. 1520 E-52nd)

File No. _____
Registered No. 2541
St. _____ Ward _____

2. FULL NAME

Arthur David Rogers

(a) Residence, No. 1520 E-52nd St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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 Maudet Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-23-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 0 27

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

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

10. Date deceased last worked at this occupation (month and year) Mar-24-1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wecatur Ill

13. NAME Grandison Taylor Rogers

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

15. MAIDEN NAME Mary Cook

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

17. INFORMANT Mrs. Maudet J. Rogers
(ADDRESS) 1521 E-52nd

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE May-23-1936

19. UNDERTAKER (ADDRESS) New Home Sons
Kansas City - Mo.

20. FILED May 22 1936 M. M. Gorton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-20-1936

22. I HEREBY CERTIFY, That I attended deceased from 1930 to May 20, 1936

I last saw him alive on May 20, 1936. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Hemothorax (eff)
Rupture of aorta
96

Other contributory causes of importance:
Chronic Arteriosclerosis
Left Bundle Branch Block
Hypertension

Date of onset
1930?
1933
1932

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? No
If so, specify _____

(Signed) Harold M. Roberts, M. D.
(Address) 1324 Pruff Bldg. - K. C., Mo.

WHITE 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.

