

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.

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

Do not use this space.

43567

DEC 30 1936

1. PLACE OF DEATH

County Vernon
Township Washington
City (No. _____) _____

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 318
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. State Hospital #2 St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 5 mos. 14 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) unmarried

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Della Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1890

7. AGE YEARS 46 MONTHS 3 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spliner, 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER - FATHER 13. NAME Uriah O. Rogers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

15. MAIDEN NAME Lusie Crow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 2

17. INFORMANT Mrs. Della Rogers, Independence Mo. (ADDRESS) 1230 27th

18. BURIAL, CREMATION, OR REMOVAL Hospital Cemeter DATE Nov 23 1936

19. UNDERTAKER Tracy General Home (ADDRESS) 1230 27th

20. FILED Nov 13 19 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1932 to Nov. 10, 1936

I last saw him alive on _____, 1936 Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Emphysema of the lungs
Arteriosclerosis of the C.A.A.

Date of onset 1926

Other contributory causes of importance

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 5/7 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) T. T. O'Neil M. D.
(Address) _____

