

FEB 17 1937

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

Do not use this space.

1969

1. PLACE OF DEATH

County Clade
Township Lebanon
City Lebanon (No. 2)

Registration District No. 449
Primary Registration District No. 4267

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

2. FULL NAME

Argus Grant Rogers

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/1 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Lebanon, to _____, 19____

I last saw him alive on _____, 19____ Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1907

to have occurred on the date stated above, at 11:30 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 29 2 25

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

Fracture of Skull Date of onset _____

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

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Mo

Name of operation _____ Date of _____

13. NAME J. C. Rogers

What test confirmed diagnosis? _____ Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co Mo

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12-31, 1936

15. MAIDEN NAME Amy Rector

Where did injury occur? Lebanon Co Mo (Specify city or town, county, and State)

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

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

17. INFORMANT (ADDRESS) J. C. Rogers Lebanon Mo R.R.

Number of injury auto accident

18. BURIAL, CREMATION, OR REMOVAL PLACE Reach DATE 1/3 1937

Nature of injury skull fracture

19. UNDERTAKER (ADDRESS) W. E. Halman Lebanon Mo

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

If so, specify _____ (Signed) J. C. Rogers M. D.

20. FILED 1-2-37 1937 J. A. M. Webb Registrar.

(Address) Lebanon Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

210M

210M

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1. PLACE OF DEATH

County Coleda Registration District No. 449 File No. _____
 Township _____ Primary Registration District No. 4269 Registered No. _____
 City Lebanon (No. _____) St. _____ Ward _____

2. FULL NAME

Argus Grant Rogers
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS 29 MONTHS 5 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

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

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED 3/26 1937 J. A. M. Cobb Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/1 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Fracture of Skull Date of onset _____

Passenger in Car

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) J. D. Summers, M. D.

(Address) Lebanon

S-1969