

MAR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Jasper*  
Township *Jessie*  
City *Jessie* (No. *411*)

Registration District No. *411* File No. *6803*  
Primary Registration District No. *2-10-37* Registered No. *St. John's Hospital*

2. FULL NAME

*Thomas Rogers*  
(a) Residence, No. *2530 Maple Lane* Ward *1*  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *widower*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-10-1937*

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

22. I HEREBY CERTIFY, That I attended deceased from *2-7-1937* to *2-10-1937*  
I last saw *him* alive on *2-10-1937* Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 3-1861*

to have occurred on the date stated above, at *330 P*  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS *75* MONTHS *4* DAYS *7* If LESS than 1 day, ..... hrs. or ..... min.

Date of onset

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

*Pneumonia*

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

Other contributory causes of importance *None*

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) *Laclede Co Mo*

13. NAME *Walter Rogers*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ind*

15. MAIDEN NAME *Cusan King*

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

17. INFORMANT *Mrs. Henders (Sister)*

18. BURIAL - CREMATION, OR REMOVAL PLACE *Home* DATE *2-14-1937*

19. UNDERTAKER *Hospital Undertaker*

20. FILED *2-10-1937* *W. D. Jensen* Registrar

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) *W. D. Jensen* M. D.

(Address) *Jessie Mo*

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.

2885 St. Hill

