

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

Do not use this space.

**MAY 15 1937**

**15079**

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 2306 E., 49th)

Registration District No. ....  
Primary Registration District No. ....

File No. ....  
Registered No. 1625  
St. .... Ward)

**2. FULL NAME Mrs. Willie V. Rogers**

(a) Residence, No. 2306 E. 49th St.,          Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 18 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**

3. SEX Female 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 John W. Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 4 16

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. At Home

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) Saline County Mo.

13. NAME Daniel B. Thornton

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

15. MAIDEN NAME Margaret Keaton

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

17. INFORMANT William R. Rogers (ADDRESS) 5032 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE April 5, 1937

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS)

20. FILED Apr 4 1937 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1937 to April 3, 1937

I last saw her alive on April 3, 1937. Death is said to have occurred on the date stated above, at 5:50 P.M.

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

Coronary thrombosis Date of onset 4/4/37

Other contributory causes of importance:

mitral insufficiency

Name of operation ..... Date of .....  
What test confirmed diagnosis? clinical 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) W. J. Jackson, M. D.  
(Address) 507 E. 11th St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. INFORMATION should be carefully supplied.

Commerce Bldg

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