

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

Do not use this space.

MAY 28 1937

16923

1. PLACE OF DEATH

61 County Merion

Registration District No. 534

File No. 37

Township

Primary Registration District No. 4319

Registered No.

City New Cambria (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Rodgers, D. Millison

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 21 - 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 20 hrs. or ..... min.
	<u>0</u>	<u>0</u>	<u>0</u>	<u>20 hrs.</u>

OCCUPATION

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

None

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

None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Cambria Mo

FATHER 13. NAME Charles Harry Millison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Cambria Mo

MOTHER 15. MAIDEN NAME Edelyn Mable Hays

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Duffield Mo

17. INFORMANT D. H. Millison

18. BURIAL, CREMATION, OR REMOVAL PLACE New Cambria Mo DATE Apr 22 1937

19. UNDERTAKER None Made their own

20. FILED May 8 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 21 1937 to Apr 21 1937

I last saw him alive on Apr 20 1937 Death is said to have occurred on the date stated above, at 3 P.m.

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

Premature Birth 6 1/2 mo Date of onset

Other contributory causes of importance: 15A

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? None 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) Edward, M. D.

(Address) New Cambria Mo

Every year of information available we carry on. We know of state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

