JOHN D HANWARD

AUG - 5 1937

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

4511 N. Newstead

Do not use this space.

791

1003

File No. 25583

Registered No. 6757

1. PLACE OF DEATH

County ..... Registration District No. 1003

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

City ..... (No. ....., CHRISTIAN HOSP ..... St. ..... Ward)

2. FULL NAME BABY. ROGERS

(a) Residence, No. DESOTA MO. ROUTE 3 St., N R Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY - 14 - 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 21 hrs. or ..... min.

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.

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) ST LOUIS MO.

FATHER

13. NAME EARL ROGERS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS MO.

MOTHER

15. MAIDEN NAME BLANCHE VENABLE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FARMINGTON MO.

17. INFORMANT (ADDRESS) EARL. ROGERS. ROUTE 3. DESOTA MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE DESOTA MO. DATE JULY 14 1937

19. UNDERTAKER (ADDRESS) JOS. P. FENDLER. JR. 7128 MICHIGAN. AV.

20. FILED JUL 14 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1937, to only, 19....

I last saw her alive on July 14 1937. Death is said to have occurred on the date stated above, at 2 Am.

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

	Date of onset
Atelectasis Pulmonary	7/14/37

Other contributory causes of importance: Premature birth (6½ month gestation)

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? .....

If so, specify .....

(Signed) John D Hanward M.D.

(Address) Metropolitan Bldg

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.