

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 20 1937

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

Do not use this space.

34343

1. PLACE OF DEATH

County Henry  
Township Leander  
City Deep Water (No. ....)

Registration District No. 358  
Primary Registration District No. 4208

File No. ....  
Registered No. 14 Ward

2. FULL NAME

James Harold Rogers Jr.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26 1937, to Sept. 26 1937

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

I last saw h. .... alive on Sept. 26 1937. Death is said to have occurred on the date stated above, at 4 p.m.

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

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

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.....

Breech delivery with pressure on cord. Date of case:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deep Water Mo

Other contributory causes of importance:

13. NAME Harold Rogers

Name of operation ..... Date of .....

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

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

15. MAIDEN NAME Leannora French

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 1937

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deep Water Mo

Where did injury occur? ..... (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Mr. Chas. French

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

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury ..... Nature of injury .....

19. UNDERTAKER (ADDRESS) Tom Hunt

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

20. FILED 9-26 1937

If so, specify ..... (Signed) Samuel M. Webb M. D. (Address) Clinton Mo

Registrar.

