

NOV 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Harrison Registration District No. 334
Township _____ Primary Registration District No. 4197
City Bethany (No. _____) St. _____ Ward _____

37751

File No. _____
Registered No. 74

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name) Lena Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-29-1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 1 19

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

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) Harrison Co Mo

13. NAME Robert D Rogers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Nancy Six

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT Lena Rogers
(ADDRESS) Bethany Mo

18. BURIAL CREMATION OR REMOVAL PLACE Memorial Park DATE 10-21-1937

19. UNDERTAKER J. M. H. Co
(ADDRESS) Bethany Mo

20. FILED 10-22-1937 A. L. Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____, _____.

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

suicide
by hanging

Date of onset

Other contributory causes of importance: 165

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? suicide Date of injury 10-18-1937

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

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

Manner of injury Hanging

Nature of injury hanged by neck until dead

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Joe E. Wheeler Coroner

(Address) Bethany 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.

