

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

Do not use this space.

2640

1. PLACE OF DEATH

County Independence Registration District No. 288
 Township Independence Primary Registration District No. H172
 City Kennett Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Baby Roger 110

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1938, to 1-12, 1938
 I last saw him alive on Dec 6, 1937. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12-1938

to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

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

By Philip Brenstager Date of onset _____
John Deak, probably
been dead several
days. Baby was retained
6-7 months

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Kennett (STATE OR COUNTRY) Mo.

13. NAME Ernest Roger

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

15. MAIDEN NAME Eva Rittenbury

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

17. INFORMANT G. Roger (ADDRESS) Kennett Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 1-13 1938

19. UNDERTAKER Sam J. ... (ADDRESS) Kennett Mo.

20. FILED 2-9 1938 Paul Jones Registrar.

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? _____ 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) J. B. Lewis M. D.

(Address) Kennett Mo.

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

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH