REG'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5755
Township Kaw — Primary Registration District No. 1002 — Registered No. 821
City Kansas City, Mo. (No. Research Hospital St. Ward)

2. FULL NAME Baby Rogers
(a) Residence, No. Holden, Missouri 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 Boy
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) February 7 1938

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or 62 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Kansas City (STATE OR COUNTRY) Missouri

FATHER
13. NAME Roy A. Rogers
14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Maurine Ferd Clevenger
16. BIRTHPLACE (CITY OR TOWN) Lawrence (STATE OR COUNTRY) Kansas

17. INFORMANT Roy A. Rogers
(ADDRESS) Holden Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Research Laboratory DATE ....19..

19. UNDERTAKER None
(ADDRESS)

20. FILED 2/19 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-7 1938 to 2-7 1938
I last saw h. alive on 2-7 1938. Death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:

Hard difficult labor occipito posterior. Was relative delivered. Child took only two or three breaths after delivery

Date of onset

Other contributory causes of importance:
Autopsy findings. Hemorrhagic inf. both adrenal glands otherwise negative.

Name of operation None Date of
What test confirmed diagnosis? Gross Exam 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) John R. Shaw, M. D.
(Address) 1010 Professional Bldg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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