

DEC 24 MAR 17 1938

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

Do not use this space.

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1. PLACE OF DEATH *Blay 3*
 24 County *Liberty* Registration District No. *201*
 Township *Liberty* Primary Registration District No. *5280*
 City *Liberty* (No. _____) St. _____ Ward _____

2. FULL NAME *Perry Rogers*
 (a) Residence, No. *Blay Co. Post Farm* 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 *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<i>about 84</i>	<i>Unknown</i>	<i>Unknown</i>	<i>Unknown</i>	<i>Unknown</i>

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

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-12-1938*

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

I last saw him alive on *Coroner*, 19____. Death is said to have occurred on the date stated above, at *8:30 A.M.*

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance:
Seculity

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

Name of operation *None* Date of _____
 What test confirmed diagnosis? *None* Was there an autopsy? *Yes*

17. INFORMANT *Regada. Blay Co. Farm*
 (ADDRESS) *Liberty Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *County Farm* DATE *2-12-1938*

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide *Accident* 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.

19. UNDERTAKER *Diessel - Carter*
 (ADDRESS) *Liberty Mo*

20. FILED *2/17* 19 *8* *E. T. Bram*
 Registrar

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No.*
 If so, specify _____
 (Signed) *M. S. Myerson Coroner* M. D.
 (Address) *Liberty Clay County Mo.*

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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