

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.

APR 1 1938

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

Do not use this space.

10873

1. PLACE OF DEATH
 41 County Harrison Registration District No. 334
 1 Township Bethany Primary Registration District No. 4197
 0 City Bethany (No. 262) St. _____ Ward _____

2. FULL NAME Elmer Gay Rogers
 (a) Residence, No. _____, 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-4-1895

7. AGE YEARS 42 MONTHS 10 DAYS 4 IF LESS than 1 day, _____ hrs. or _____ min.

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

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18-1938

22. I HEREBY CERTIFY, That I attended deceased from 2, 1938, to _____, 19____.

I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at about 5:30 p.m.

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

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 3-18-1938
 Where did injury occur? Home in Bethany, Mo.
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Hanging
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Joe E. Wheeler (Address) Bethany Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo

FATHER
 13. NAME William J. Rogers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Virginia

MOTHER
 15. MAIDEN NAME Alice Arthur
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo

17. INFORMANT Roberta Rogers
 (ADDRESS) Bethany Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Mo. DATE 3-20-1938

19. UNDERTAKER S. M. Heath
 (ADDRESS) Bethany Mo.

20. FILED 3-23-1938 A. L. Wessling Registrar.

