

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

RECD OCT 15 1938

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas

Registration District No. 399
Primary Registration District No. 1007
(No. 2708 Elmwood)

31284

File No.
Registered No. 3581
St. Ward)

2. FULL NAME Everett Frank Rogers

(a) Residence, No. 2708 Elmwood 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Clara B. Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	60	2	15	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Interior decorator
	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) Weatherby
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Waverley Rogers

FATHER 14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME No record

MOTHER 16. BIRTHPLACE (CITY OR TOWN) No record
(STATE OR COUNTRY)

17. INFORMANT Mrs. Clara B. Rogers
(ADDRESS) 2708 Elmwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Sept. 14, 1938

19. UNDERTAKER (ADDRESS) Gates Funeral Home
Kansas City, Kansas

20. FILED Sept 12 1938 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3 months ago, to Sept. 11, 1938

I last saw him alive on Sept. 11, 1938. Death is said

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

Coronary Thrombosis

Date of onset 3 months

Other contributory causes of importance:

Arterio Sclerosis

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) John O. Summers, M. D.
(Address) 1408 Bryant St

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.

J. O. Skinner
Bryant Bldg.
2-4