Dr Lee Miller
Prof Bldg
Hu 4525 14 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
County Jackson 2 Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 4420 Tracy St. Ward)

File No.
Registered No. 4581

2. FULL NAME 262 John G Rogers
(a) Residence, No. 4420 Tracy 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah V Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 1, 1866

7. AGE: YEARS 72 MONTHS 4 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt of Construction
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Board of Public Works City of Kansas City
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): County Cavan Ireland 5

FATHER
13. NAME: Thomas Rogers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

MOTHER
15. MAIDEN NAME: Mary ------- Unk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

17. INFORMANT (ADDRESS): Mrs Sarah V Rogers 4420 Tracy

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Nov 28, 1938

19. UNDERTAKER (ADDRESS): Sheehan Funeral Home 4316 Troost Ave

20. FILED Nov 26, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1938, to Nov. 25, 1938
I last saw him alive on Nov 25, 1938. Death is said to have occurred on the date stated above, at 7.56 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bronco pneumonia	
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Other contributory causes of importance:

Chronic interstitial nephritis

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) Dr E Lee Miller, M. D.
(Address) 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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JUL 20 1943