

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

Do not use this space.

**1. PLACE OF DEATH**

County Clinton Registration District No. 206  
Township Rathrop Primary Registration District No. 5284  
City (No. 7) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 10701  
Registered No. 10

**2. FULL NAME**

Isaac Newton Rogers  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OF FACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Mrs Lucile Rogers  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 4 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming  
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) Rathrop MO

FATHER 13. NAME Newton M. Rogers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton MO

MOTHER 15. MAIDEN NAME Pernelia A. Douglass

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton MO

17. INFORMANT (ADDRESS) Mrs. Lucile Rogers Rathrop, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Rathrop MO DATE April 1, 1940

19. UNDERTAKER (ADDRESS) D. Amboss CRANK Rathrop, MO

20. FILED Apr. 1, 1940 E. B. Dumbeson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 7:30 P. m.

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

Accidental motor vehicle wreck collision between two cars Date of onset 3/30/40  
Multiple fractures of skull

Other contributory causes of importance:

chest crushed

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 3/30, 1940

Where did injury occur? Clinton Co., Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Highway junction 69 and 116

Manner of injury Collision of two motor vehicles

Nature of injury fracture of skull and upper ribs

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) A. D. Templeman M.D.

(Address) Coroner, Clinton County

Cameron, Mo.

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.

RECEIVED

District Health Officer No. 11,

District File Number

440-538

Date Filed

APR 12 1940