

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

Do not use this space.

27455

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 711 Manheim Road)

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 3531 (Ward) \_\_\_\_\_

**2. FULL NAME** Jennie Roberts Rogers

(a) Residence. No. 711 Manheim Road St. 8 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 11, 1834

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	93	9	12	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

93  
1328  
97

9. BIRTHPLACE (CITY OR TOWN) Harrodsburg  
(STATE OR COUNTRY) Kentucky

PARENTS	10. NAME OF FATHER <u>Archibald Sampson</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Kentucky</u>
	12. MAIDEN NAME OF MOTHER <u>Amanda Carpenter</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Kentucky</u>

14. INFORMANT Rogers Crittenden  
(Address) 711 Manheim Road

15. FILED 7/23, 1928 M. M. Crosby  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 23, 19 28

17. I HEREBY CERTIFY, That I attended deceased from 8/21, 1927, to Aug 23, 1928 (that I last saw him alive on Aug 22, 1928, and that death occurred, on the date stated above, at 7:43 A. M.)

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Anterior disease, Scintilla myocarditis, chronic  
CONTRIBUTOR (SECONDARY) uremia  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(duration) \_\_\_\_\_ yrs. 2 mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH: \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS: Chemical tests  
(Signed) Paul J. Malone, M. D.

(Address) 1808 Fed Res Bld Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Columbia, Mo.

DATE OF BURIAL 8-25 1928

**20. UNDERTAKER**

Stine & McClure 924 Oak

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be edited EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. A. S. Melne  
1800 Federal Reserve

V1-4238 / 3W