

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

Do not use this space.

36319

**1. PLACE OF DEATH**

County Boone

Registration District No. 73

Township Columbia

Primary Registration District No. 3006

City Columbia

File No. 263

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 5 Hamilton Way Ward \_\_\_\_\_

(Usual place of abode)

(If not resident, 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 1907

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
22 3 1

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Creighton Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER N. P. Rogers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Creighton Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Winnie McQuinn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Creighton Mo  
(STATE OR COUNTRY)

14. INFORMANT Ben J. McQuinn  
(Address) Creighton Mo

15. FILED 11-4-27 Beatrice Jacobs  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 3 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date stated above, at 12130 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Sun shot wound -  
suicide -  
167

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 1770

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? x

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) E. G. Davis, M.D.

(Address) Columbia Mo.

\*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 Old Fellowship Cemetery DATE OF BURIAL Nov 4 1929

20. UNDERTAKER B. J. Baker ADDRESS Columbia

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.

WHILE THE DECEASED IS BEING INTERRED THIS IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR.

