

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

Do not use this space

34521

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 002
City Kansas City (No. Evangelical Hospital)

File No. _____
Registered No. 4240 St. _____ Ward _____

2. FULL NAME Herbert Rogers

(a) Residence, No. 4201 E. 61st. Street St. 16 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Kathryn Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4 - 8 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mine Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Mining
10. Date deceased last worked at this occupation (month and year) Seven years ago 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Wales

13. NAME Thomas Rogers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Wales

15. MAIDEN NAME Mary ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Wales

17. INFORMANT (ADDRESS) Mrs. T. R. Hughes Bevier, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bevier Missouri DATE Oct. 19, 1931

19. UNDERTAKER (ADDRESS) Stahl's Funeral Home 815 W. Maple, Indep., Mo.

20. FILED 10/19 1931 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18 1931

22. I HEREBY CERTIFY, That I attended deceased from 7:40, 1931 Oct 17, 1931

I last saw him alive on Oct. 17, 1931. Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Albuminuria Date of onset _____

137
1320/307

Other contributory causes of importance:
Fract. Prostatitis

Name of operation Drained Bladder
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 John A. Decker, M. D.
(Signed) John A. Decker
(Address) 315-16 L. 22 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.

