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.

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

Do not use this space.

37766

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 1535 Denver 1002 St. Ward)
Registration District No. 390
Primary Registration District No.
File No. [illegible]
Registered No. [illegible]

2. FULL NAME David W. Rogers
(a) Residence, No. 1535 Denver St., 12 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: Phoebe Rogers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 26, 1853
7. AGE: YEARS 78 MONTHS 7 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): St. Thomas Canada

FATHER
13. NAME: William H. Rogers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Mariam Caughell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

17. INFORMANT (ADDRESS): Clay C. Rogers 6421 Washington
18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cemetery DATE Nov. 19 1931
19. UNDERTAKER (ADDRESS): Steiner & McCleere 3235 Gillham Road
20. FILED 11/18 1931 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 18, 1931
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to Nov. 18, 1931
I last saw him alive on Nov 18, 1931. Death is said to have occurred on the date stated above, at A. m. 11:30
The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar. 108
1535 108

Other contributory causes of importance:

Pemphigus

Date of onset

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) William L. McBride M. D.
(Address) 1524 Professional Bldg